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January 1, 1989 Volume 86, Number 1

Medicare Overpayment Assessment and Collection System

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Medical Record Release: Guidelines

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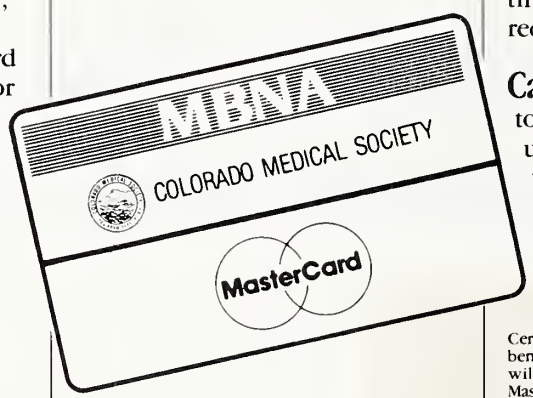
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colorado medicine

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530 CLASSIFIED ADVERTISING

Slow-paying patients

the second in a series on doctor's collection problems

by Bill Pierson, Director,
CMS Communications
with information supplied by I. C. Systems

In our first article on collection problems in the doctor's office, I talked about keeping your collection efforts fresh. And just to review:

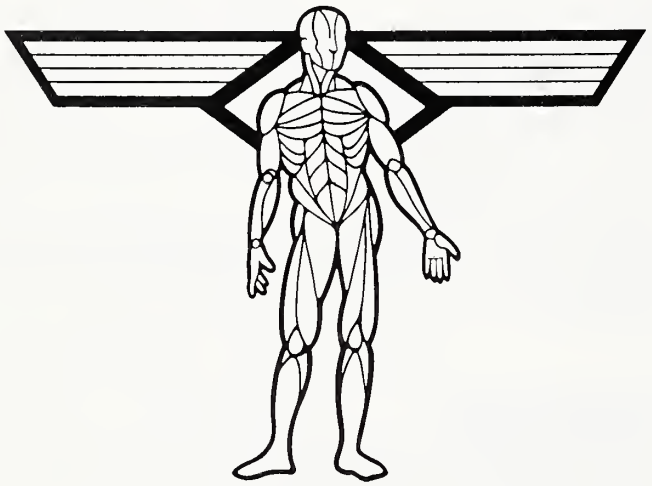
Make sure that your office staff is well schooled in your office collection system, whether you have your own methods or whether you use a commercial collection agency.

First rule: be certain that your office has a firm collection policy. Then, be certain that any changes in staff keep up with the collection system.

Second rule: keep your patient payment records fresh and up-to-date. This means that you know where you can find that person at all times. National statistics show that 20% of all adults change address annually. Two out of three people will move in the next five years or **one in five will move every year.** That is a staggering figure, and as the economy changes from area to area, the percentage of movers goes up.

In the previous article, I said we'd talk about "skip-tracing," which refers to tracking down that person who has moved with no forwarding address. This isn't an easy task for anyone, especially your well-trained office staff that must concentrate on satisfying the needs of your patient care first. That's why, in most cases, it is desirable to employ a commercial collection agency to handle your overdue accounts receivable. In addition, when a debtor "skips," that debtor has probably actually moved to another town, city and/or state. Through a commercial collector's networking of information, such skips can often be handled in a quick, efficient manner. If the person has moved to another state, the collector (if a national organization) will likely have a local or regional office to help find the debtor...obviously much more easily than one of your own staff attempting to do so.

Most important in protecting yourself from "skips" and bad debts is to keep that line of communication with your patients open from "day one". As the professional collectors tell us, as long as your lines of communications remain open, even over months, chances of collection remain good. But once you lose that connection, the debt is likely lost. Don't let that happen! *CM*



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Component Sketchbook

on CMS Component Society Leadership
by Michael Thompson, CMS

Aurora-Adams County Medical Society President Ralph W. Gibbons, M.D.

Ralph W. Gibbons, MD is beginning the second half of a two year term as President of Aurora-Adams County Medical Society but he's not ready to put it into cruise control just yet.

Dr. Gibbons says that the hard work put in by Aurora-Adams members toward the passage of SB143 (the "Health Care Availability Act", known as a measure for tort reform) was one of the high points of his first year in office. He speaks in glowing terms of the benefits of such labor, not only to members of his own component society and of CMS, but to all physicians in Colorado. Dr. Gibbons sees the vision of physicians working together for the benefit of all as a high priority for organized medicine. By carrying out such projects, he believes, physicians not only better their own lot and that of their fellow practitioners, but improve society as a whole. That, of course, means benefits to patients, an item high on the physician's list of priorities.

Dr. Gibbons sees the promotion of these aspects of organized medicine as a high priority for his remaining months in office. He is distressed by the fact that some physicians don't place the same high value on organizations such as CMS and Aurora-Adams County Medical Society that he does. He says he spends much of his time educating physicians, members and non-members alike, about the benefits of membership in a medical society, He speaks of the things than can be accomplished collectively that either cannot be accomplished at all on an individual basis or require such inefficiency and duplication of service as to be unworkable.

Ralph W. Gibbons received his Doctorate of Medicine from the University of Utah Medical School in Salt Lake City, and served two years in the U.S. Public Health Service hospital in Fort Worth Texas. He served his internship and residency in Colorado, where he has resided since 1962. He is a diplomate of the American Board of Obstetrics and Gynecology and currently specializes in Ob/Gyn in Aurora. He has been a member of CMS for 24 years. *CM*

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RECORD RELEASE

General Guidelines:

These guidelines are drawn up in joint cooperation by Colorado Medical Society and the Risk Management Department of COPIC. Their primary use should be in the area of records requested for possible medical liability litigation.

1.Colorado law (C.R.S. 25-1-802) makes clear that records shall be available to the patient upon submission of a written authorization/request.

2.There are no exceptions for things such as failure to pay the bill; failure to follow instructions; failure to return; etc.

3.The law does make an exception for psychiatric or psychological problems. However, in extreme cases, an attorney for the patient may ask a court to decide whether those parts of the records may be excluded from the patient.

4.A valid authorization must be in writing; it should identify the person clearly; be signed and dated by the patient.

5.A joint Bar Association/Medical Society committee has concluded that five days is "reasonable notice" when records have been requested.

6.The same committee has determined that a reasonable cost is $5.00 for the first ten or fewer pages and $0.25 for each additional page thereafter.

7.Such items as x-rays, fetal monitor strips, electrocardiograms, etc., which may not, at the time of the request, be physically in the medical record, are nonetheless considered part of the medical record. If these are specifically requested, then they must be copied and provided to the patient. Of course, the cost of the copying must be borne by the party requesting the records.

8.Unless a summary of the case has already been prepared and is a part of the medical record (e.g., a hospital summary at the time of discharge), such a summary should **not** be made for a requesting party. In the event that the request is repeated, you are probably well advised to get advice from COPIC prior to accomplishing such a summary.

9.It should go without saying that no part of the medical record should be altered at the time of a request for records.

10.The person to whom the record copies are given should be clearly identified as the patient or the person identified on the authorization to whom the records may be given.

11.Withholding parts of the medical record simply because you do not believe that the patient wants those parts is not valid. Of course, you may ask the question of the requesting party as to which parts are desired. In general, however, the entire medical record is requested.

12.Never release the original of medical records under any circumstance that may be considered the potential for medical liability litigation.

RETENTION OF RECORDS:

From time to time in a practice, the question will arise, ***"How long should we keep medical records?"*** We can provide you only with guidelines and not with definitive answers.

1.The medical record is critical in a medical liability action, and its loss will primarily hurt the defendant doctor and not the plaintiff patient.

2.To be absolutely safe, all medical records should be retained **forever**. In many circumstances, however, this is impractical.

3.The following items should be considered in making your decision as to how long to retain records:

a.The Colorado statute of limitations is two years.

b.The two year statute of limitation begins to run, however, at the point of discovery of the damage and the connection between that damage and the treatment. In some circumstances, this could be many years later.

c.The statute of limitations is longer for children.

d.Even for items where "discovery" is not an issue, it is probable that children will be allowed to sue up to the age of majority.

4.Considering all the above, it is probably prudent to retain all patient records for a minimum of seven years after the last treatment, or after the patient reaches their majority-whichever occurs last.

5.For those with more than the usual interest in this issue, they might consider saving the more complex records or those records with known serious patient problems for a longer period of time.

6.The "bottom line" is that there is no absolute answer.

7.If the physician/patient relationship terminates, the physician should receive written consent to transfer records to another physician.

8.At the time of retirement, those plans should be sent to all patients with a notice that if they wish their records transferred to another physician, they should submit written authorization. Records should be retained after retirement using the same guidelines as those above.

9.In the event of a physician's death, the estate should retain the records utilizing the guidelines above.

10.Please call COPIC Risk Management if you have further questions.

COPIC Insurance Risk Management Department, 779-0044 or WATS LINE 1-800-421-1834, Extension 338.

C/M

Project to Address Adverse Outcomes of Diabetes and Pregnancy

by Connie Fetters, R.N., CDE, Nurse Consultant, Diabetes Control Program, Colorado Department of Health

Insulin dependent diabetes complicates approximately .1 to .5% of all pregnancies. A successful outcome of pregnancy in a diabetic woman is strongly dependent upon the care of her diabetes not only during pregnancy, but before conception.

The incidence of major congenital malformations is increased 3 to 4 fold in the offspring of patients with Type I diabetes, above the 2-3% seen in the general population. The incidence of major malformations may be as high as 20-25% among women with a markedly elevated glycosylated hemoglobin in the first trimester.

Evidence links congenital malformations with maternal hyperglycemia during the first seven weeks following conception. This fact makes it apparent that optimum diabetes control must begin before conception, since by the time pregnancy is diagnosed, it may be too late to avoid the harmful effects of maternal hyperglycemia on early embryonic development. All women of childbearing age with diabetes, generally age 15-44 are considered at risk for adverse outcomes of pregnancy.

Besides congenital malformations, babies born to mothers with established diabetes are more prone to other complications including macrosomia, respiratory distress syndrome, birth injuries, and hypoglycemia. They also have higher rates of fetal and neonatal mortality.

The Colorado Department of Health is developing a program to improve pregnancy outcomes in women with established diabetes in cooperation with the Centers for Disease Control.

Since the best prevention technique for fetal problems is pre-conceptual blood sugar normalization in the mother, much of the effort in this program will be aimed at improving the amount and content of pre-conceptual counselling that is being done with women with established diabetes of childbearing age. All women of childbearing age with diabetes need to be frequently reminded of the importance of pre-pregnancy diabetes control. Professional and patient education efforts will be aimed towards this goal.

Another component of our program will be the development of a state wide resource list of those physicians, clinics, and institutions that provide pre-conceptual and prenatal care to women with established diabetes.

The third component of our program will be the establishment of a data base of outcomes of pregnancies in women with established diabetes in our state. This will be accomplished by a voluntary enrollment in our program by women with diabetes having babies. Based on current birth rate and national statistics, we can estimate 135 women per year with established diabetes giving birth. (1987 live birth rate of 53,803—estimate of .25% complicated with established diabetes)

At this time we are soliciting assistance in program development. Please contact us if:

1) You see pregnant diabetic patients now and are interested in being included on a resource list. This list will be available to health care providers as well as patients.

2) You are interested in working with our project on a local level to improve the pre-conceptual teaching or evaluation of the outcomes in your area of the state.

3) You would be willing to serve as a local speaker for professional education.

Further information about this project can be obtained by contacting Connie Fetters, Project Director at the Colorado Department of Health, Diabetes Control Program, 4210 East 11th Avenue, Denver, CO 80220, Phone (303) 331-8370 *C/M.*

CORRECTION

The November 15 edition of Colorado Medicine incorrectly listed Leslie R. Capin, MD as the new President of Aurora-Adams County Medical Society. Actually Dr. Capin is Vice President, filling out the remainder of the term of Dr. Thomas B. Watts. Dr. Ralph W. Gibbons has almost a year remaining on his two year term as President.

Medical Informatics

The Medical Informatics Committee has announced a series of presentations to be held at the University of Colorado School of Medicine. Dennis Lezotte, Ph.D. has been granted a six month sabbatical from his duties at the school and has obtained a grant which will allow him to arrange for a variety of experts to visit Colorado for this purpose.

In addition to the presentations at the medical school, the experts will meet with the Medical Informatics Committee when they arrive in Denver. A tentative schedule has been set up, but final plans are still being made. Contact George O. Thomasson, M.D. at (303) 779-0550 for further details. *C/M*

We're Moving!

Colorado Medical Society, COPIC Insurance Company and Agency and MLCP will soon move into new offices at 5575 DTC Parkway, still in the Denver Tech Center area. The official move-in date is now January 16, 1989.We plan on being open and "business as usual" on that Monday.

The move is designed to lower costs and provide an efficient office facility for CMS and COPIC: Working for You.



The Medicare Overpayment Assessment and Collection System

by James H. Gigax, Esq.
Banta, Hoyte, Banta, Greene, Hannen & Everall, P.C.

(Editor: Mr. Gigax was, until just recently, the Associate General Counsel of Blue Cross and Blue Shield of Colorado. He is now practicing with the above-mentioned Englewood, Colorado firm.. Based on recent interest in how physicians should handle Medicare overpayments, Colorado Medicine invited Mr. Gigax to submit this following overview.)

This article surveys the system by which the Medicare Part B Carrier assesses and collects overpayments made to physicians and other providers which have been paid directly by Medicare for services rendered under Part B of the Medicare Program.

The Medicare Program and Carriers

The Medicare Program is part of the Federal Social Security Act ("Act"). Medicare was created in 1964 to provide supplementary health insurance for persons over age 65. In broad terms, the Medicare Program is divided into two parts: Part A and B. Part A encompasses institutional health services such as those rendered by a hospital or nursing home, and, in general, covers everyone over 65. Part B is elective and encompasses certain medical and professional services not provided by institutions. This category includes such services as direct physician, lab and outpatient physical therapy services.

Under the Social Security Act, the Department of Health and Human Services and the Health Care Financing Administration may enter into contracts with insurance companies and other third parties to administer as "Carriers" the Medicare Part B program. While the Carrier may be perceived by some beneficiaries and providers as being the embodiment and alter ego of the "Medicare program", for legal purposes the "disclosed principal" and real party in interest is the United States of America, as represented by the Secretary of the Department of Health and Human Services. In Colorado, the carrier for Part B of the program is Blue Cross and Blue Shield of Colorado.

Carriers make determinations as to the medical necessity of and the "reasonable charge" for eligible services for which claims are made and otherwise implement the Secretary's rules and regulations. Eighty percent of the reasonable charge is paid by the Carrier. The Carrier pays directly those providers to whom the beneficiaries have assigned their right to payment.

Provider Review

Under the Act and regulations promulgated by the Secretary of the Department of Health and Human Services, the Carrier is required to conduct utilization audits of Part B providers. Specifically, Carriers are required to conduct audits of claims and supporting records (e.g., operative reports, orders and progress notes) to assure that proper payments have been made. The Carrier is required to institute utilization safeguards to assure that payments made under Part B are for covered services which are medically necessary. If the Carrier concludes that a service for which a claim has been made is not a Part B benefit or was not medically necessary or that the claim as presented is improper (e.g., the accompanying documentation does not adequately reflect the amount or character of the services rendered), the Carrier is responsible for taking appropriate action with respect to adjustment or rejection of the claim. To that end, the Carrier routinely reviews the claims and medical documentation submitted in order to verify that payments were made for services which were in fact reasonable and medically necessary.

From the standpoint of the immediate and final determination of claims, the most desirable method of claim review would be complete review of all individual claims when the claims are first submitted to the Carrier. However, as a practical matter, this procedure would divert manpower resources and ultimately make timely payments more difficult. For example, in fiscal year 1985, Part A intermediaries received over 59.5 million claims and Part B carriers received over 270.8 million claims. Accordingly, a significant portion of Carrier payment review is done on a post-payment basis.

In view of the fact that medical records and payment studies may entail the review of a significant number of claims and voluminous supportive documentation, Carriers are authorized to utilize statistical methods such as the disproportionate stratified random sample techinque in order to extrapolate the amount of overpayment in question. These studies are known as "ITPILS", from the acronym for "initial three percent investigation list." Court decisions have validated statistical extrapolation as a valid audit technique in Social Security Act cases.

(Continued)

Medicare Overpayment Assessment and Collection System *(Continued from preceding page)*

Overpayment Assessment and Demand

The Carrier conducts an internal investigation of a provider's payment history, as well as the claims and supporting documentation on which the payments were made. If the Carrier deems that irregularities are present, it thereafter notifies the provider that some of the claims are being examined. The provider is given the opportunity to present rebuttal evidence. The provider and the Carrier may meet personally so that the provider may attempt to explain the claims and services at issue. After the meeting, the Carrier determines an overpayment assessment and makes a first formal demand upon the provider for return of the overpayment. The provider is typically given the opportunity to make the payment in a lump sum or to have payments deducted from future Medicare payments to the provider. Interest accrues beginning 30 days after the Carrier's final demand.

The United States Supreme Court has for nearly a century recognized that the Federal government and its agents have the right to recover monies illegally or erroneously paid out. Pertinent to physicians and other providers, the Court has held that the United States may offset overpayments against current or subsequent government obligations to the overpayment recipient (see accompanying article reprint: *"Don't Return Medicare Overpayment"*) This common law right has a statutory counterpart in the Act, and has been found to be fully applicable to the Medicare program. However, physicians and other providers have recourse to a hearing to appeal the overpayment assessment.

Under the Act, providers that have made assigned claims to Medicare and are dissatisfied with overpayment assessments and other Carrier actions taken in reference to the claims are entitled to a hearing. The hearing is held before a hearing officer appointed by the Carrier. Post hearing administrative and judicial review are available to providers under certain circumstances. The hearing process as well as Civil Money Penalties and other topics will be explored at another time.

CIM

Don't Return Medicare Overpayment

from Physician Services, Sandra Maloney

What do you do if Medicare overpays you?

Many practices have returned the check to the Medicare carrier with an explanatory note, assuming that the problem is solved. Unfortunately, this is often not the case. What can happen is that the Medicare carrier discovered the error in the meantime. Then they may deduct this overpayment from a subsequent check they draw on your practice. Your returned check may not reach them in time to avoid this bureaucratic mess-up.

Then, what should you do?

First, don't return the check. Deposit it. Then send a letter to Medicare notifying them of the overpayment, including a copy of their check and the EOMB (Explanation of Medicare Benefits). At this point, the Medicare carrier will either deduct this overpayment from your next Medicare payment, which will be explained on your EOMB; or ask you to reimburse them for the overpayment. This is the best way to avoid a bureaucratic hassle.

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Making the System Work:

CMS - WORKING FOR YOU

by ***Ronald E. Tegtmeier, M.D.***
Speaker of the House of Delegates
Colorado Medical Society

What does organized medicine actually offer physicians today?

- ❑ Refuge?
- ❑ Strength in numbers?
- ❑ Assurance of highest standards of quality care?
- ❑ Patient advocacy?
- ❑ A place where each physician's voice can be heard?
- ❑ All of the above?

If you marked "All of the above" you have the right answer, however there's much more to it than just these few items.

Let's deal with one of the most important first: ***"A place where each physician's voice can be heard".***

Colorado Medical Society presently has a staff of twenty-one people whose job it is to see that CMS programs are carried out. These programs are authorized by the CMS House of Delegates each program year, based on the recommendations of councils and committees to the Board of Directors. There is a responsible staff person working with each council and committee.

The process of membership involvement in the programs and activities of CMS works through the councils and committees. From there the matters go to the House of Delegates, and then to the Reference Committees of the House. We'll deal more with that later; but for now, if you have questions or concerns your best avenue of approach is through a CMS staff member.

The December 1, '88 issue of Colorado Medicine carried a special pull-out insert of the **CMS Organization Chart,** including divisions, councils and committees with support staff member names. Following are the names and titles of each staff person with their telephone extension numbers.

Even if something occurs to you after normal office hours (CMS offices operate from 8:30 a.m. to 5:00 p.m.) you can call the CMS switchboard number (779-5455) and leave a message for that staff person.

(Next: The Reference Committees and How It Works)

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Re-introduce The Oldest Advance In Medicines.



It's called talking. Right or wrong, many older people today feel that doctors just don't spend as much time talking with their patients as they used to. Things seem more rushed and hurried.

But talking, especially about medicines, is more important than ever before. Your older patients may be taking several different medicines and seeing more than one doctor. And many older people are treating themselves with over-the-counter drugs.

Unfortunately, an older person's response to medicines is less predictable than a younger person's. They can experience altered drug actions and adverse drug reactions.

So, if they don't tell you first, ask them what they're taking and if the medicines are causing any problems. Take a complete medications history including both prescription *and* non-prescription medicines.

Make it a point to tell them what they need to know — the medicine's name, how and when to take it, precautions, and possible side effects. Give them written or printed information they can take home, and encourage them to write down what you tell them.

Good, clear communication about medicines can increase compliance, prevent problems, and lead to better health.

So re-introduce the oldest advance in medicines. Make talking a crucial part of your practice. It isn't a thing of the past. It's the way to a healthier future.

Before they take it, talk about it.

National Council on
Patient Information and Education.
666 Eleventh St. N.W. Suite 810
Washington, D.C. 20001

MEDICAL NEWS

American Medical Television Debuts

(Chicago, December, '88) The AMA has announced the creation of American Medical Television, a programming service offering focused, timely information and new perspectives on clinical, ethical, regulatory and socioeconomic issues of interest and importance to practicing physicians. The two-hour program block will air on **The Discovery Channel every Sunday from 10 a.m. until 12:00 noon Eastern Time.** Regular programming on American Medical Television will commence on January 8, 1989.

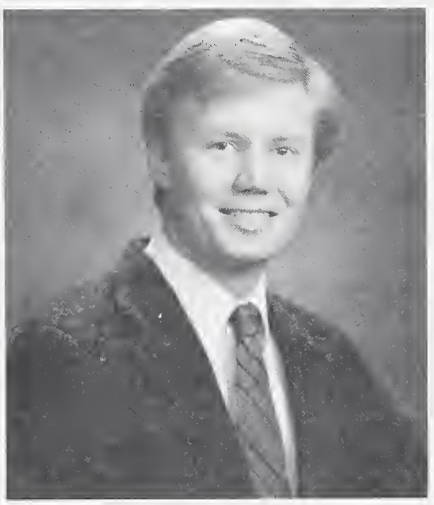
American Medical Television will carry Continuing Medical Education (CME) credits for its programs. One of the regular features will be a monthly Washington Update which will highlight news and discussion on health care issues and regulatory developments from Washington, D. C.

Programming for American Medical Television is developed in consultation with medical specialty organizations and leading medical schools.

The Discovery Channel features 18 hours each day of documentary programming specifically devoted to science, nature, technology, history, human adventure and world exploration.

Eight companies have committed to charter sponsorship of American Medical Television, including Burroughs-Wellcome, Ciba-Geigy, Key Pharmaceuticals, Merck Sharp & Dohme, Syntex Laboratories, The Upjohn Company, Dow Pharmaceuticals and Parke-Davis.

Colorado Medical Student receives AMA membership award



Eric Olsen, University of Colorado School of Medicine

Eric Olsen, 26, of Fort Collins, was given an award from the Medical Student Section of the American Medical Association at their Interim meeting during December. Olsen was recognized for his outstanding contribution to organized medicine in recruiting 25 new student members from the class of 1992. He was the only student from Colorado to do so. He was given $300 and a plaque commemorating the achievement. In addition a plaque will be placed in the University of Colorado Health Sciences Center.

Olsen is a junior medical student at the University of Colorado and the senior student delegate to AMA from Colorado. He is active in the CMS House of Delegates as a student representative, and in the Medical Student Section of the AMA.

Eric was graduated from Pacific Lutheran University. and is an expert scuba diver and underwater photographer. He founded the "Jamaica Project", for medical students interested in international health.

Annual Student Research Forum

Colorado Medical Society Auxiliary will join with several other groups in sponsoring the

Annual Student Research Forum, January 13, 1989 at the University of Colorado Health Sciences Center.

The American Medical Association Education Research Fund and the National Institutes of Health will also join with the University of Colorado School of Medicine and Graduate School, as well as the AMI Rocky Mountain Healthcare System in sponsoring the event.

First on the list of activities is a presentation by Eric Shooter, PhD entitled **"The Many Roles of Nerve Growth Factor"**, January 12 at 4:00 pm, followed by a reception.

The next day begins at 7:30 am with presentations in Session I, presided over by Robert C. Murphy, PhD, and Lewis I. Pizer, PhD. Karl H. Pfenninger, MD, and C.H. Warner Hirs, PhD will preside over Session II at 9:45 am with Phillip G. Archer, ScD presiding over the Poster Session at 11:50 am. Session III will feature presentations presided over by Alden H. Harken, MD and Gerald B. Merenstein, MD starting at 1:15 pm. Tomas Berl, MD and James H. Shore, MD are scheduled to preside over Session IV from 3:30 pm to 5:30. Awards will be presented at 5:00 pm by Eugene W. Jacobson, MD, Dean of the School of Medicine and Lawrence H. Meskin, PhD, DDS, Dean of the Graduate School.

Presentations will be judged on Scientific Thought, Originality of Concept, Thoroughness, Clarity of Presentation and Technical Skill.

Organizers have invited all CMS and CMSA members to attend all or part of the program.

25th Anniversary of Surgeon General's Report on Smoking and Health

It was twenty-five years ago, January 11, 1989, that the United States Public Health Service released the **"Report of the Advisory Committee to the Surgeon General on Smoking and Health"**. January 11th is a date which will serve as a milestone in public health history.

On January 11, 1964, the Surgeon General Luther Terry inaugurated a significant public health movement with the release of the first "Report". This report has meant an enormous change in the thinking of the world's population.

The report's main objective has been to improve health and decrease the mortality and morbidity rates among the United States' population by bringing to the public's attention the scientific studies on the health hazards of smoking. Periodic updates have also consistently delivered pertinent and timely information to the scientific community. The information has been effectively used to educate the public on the adverse health effects of both direct and indirect cigarette consumption.

Although there have been variations in the use of tobacco from one generation to the next during this quarter century, the Surgeon General's release of the report started a public health consciousness the likes of none other since the effort to vaccinate children against polio.

Colorado Medical Society and the Colorado Department of Health join other medical professionals and civic leaders in urging the continuation of the campaign against tobacco use, helping to reduce premature death and disability in this country.

The AMA House of Delegates at its '88 Interim Meeting in December adopted a Resolution calling upon AMA members to cooperate with the Public Health Service and other interested organizations to commemorate this 25th anniversary and to encourage and support the ongoing campaign against tobacco use. Colorado Medical Society heartily endorses this effort. You can help by using the poster in your offices published with the December 1, '88 issue of ***Colorado Medicine.*** *CIM*

Workers' Compensation Medical Fee Schedule Now Available

The 1988 Revision of the Colorado Workers' Compensation Medical Fee Schedule may be ordered from a Denver based firm at a cost of $25, plus $2.50 postage and handling. Each order includes the **1988 Administrative Rule** for the Medical Fee Schedule (including the new conversion factors and the procedure for dispute resolution between medical providers and insurers) and the 1988 **Colorado Workers' Compensation Relative Value Study** (the basis for calculating reimbursement under Workers' Comp, updated with all new CPT codes and descriptions.)

Copies of the Medical Fee Schedule may be ordered from:

Correctional Industries
1001 East 62nd Avenue
Denver, Colorado 80216

Please allow 4-6 weeks for delivery.

Agencies Crack Down on Prescription Drug Abuse

Agencies which regulate and enforce prescription drug laws signed a Memorandum of Understanding December 21, aimed at reducing the diversion of controlled drugs by streamlining communications among six state and federal agencies: Colorado Department of Health, Colorado Division of Registrations, Colorado Department of Safety, the U. S. Drug Enforcement Administration, the Colorado Attorney General's Office, and Colorado's District Attorneys.

These key drug enforcement agencies agreed to meet monthly to deal cooperatively with drug diversion situations, such as "doctor shoppers," drug abusing patients, prescription forgers, and impaired professionals.

The agreement was spearheaded by the Colorado Prescription Drug Abuse Task Force which received funding from the Colorado Trust to reduce the abuse and misuse of prescription drugs in Colorado

Identifying the Alcohol Abusing OB/GYN Patient: A Practical Approach

A video tape designed to teach health and human service professionals a technique to identify alcohol abuse in pregnant women.

Produced by the Larimer County Health Department
and Infinity Visual Communications
Narrated by Reynelda Muse — KCNC TV, Channel 4
Funded by a grant from the March of Dimes Birth Defects Foundation

Purchase — $50.00 Rental — $25.00

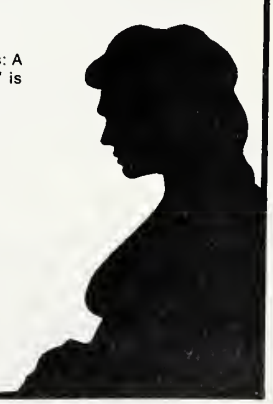
Available in Video Format ½" VHS (17.5 min.)



(The DHHS Booklet, "Preventing Fetal Alcohol Effects: A Practical Guide for OB/GYN Physicians and Nurses" is included in the purchase price.)

For further information contact:

Ann Watson
Larimer County Health Department
363 Jefferson Street, Fort Collins, CO 80524
Telephone (303) 221-7460



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PROFESSIONAL OPPORTUNITIES

PHYSICIAN with interest in the Interdisciplinary Team Approach to the Developmentally Disabled, Dually Diagnosed, and General Medicine including Medically Fragile Patients. Contact James A. Salbenblatt, M.D., Medical Director, 10285 Ridge Road, Wheatridge, CO 80033; (303) 424-7791, Ext. 222. 1/010189

GENERAL SURGEON—Immediate opportunity to establish a practice in a progressive, family oriented, rural community with excellent schools and outdoor recreation. Reply to: Physician Recruitment, St. Anthony's Hospital, 2nd and Adams Street, O'Neill, NE 68763, (402) 336-2611. 4/120188

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INTERNIST/BOARD CERTIFIED—Forty year old Group Practice in fast growing South Denver Suburb. Emphasis on primary care with possible university faculty affiliation. Competitive fringes and salary. Send CV to Littleton Medical Center, Administrator, 7750 S. Broadway, Littleton, CO 80122. 3/121588

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GRAND JUNCTION: Internist/Family Practice, Board Certified or eligible at the Grand Junction VA Medical Center, a 115 bed general medical and surgical facility. The area combines a beautiful western Colorado location with a moderate climate. Salary is competive with excellent benefits. Please reply with curriculum vitae to: William Berryman, M.D., Chife, Medical Service, VA Medical Center, 2121 North Avenue, Grand Junction, CO 81501, (303) 242-0731, X380. Equal Opportunity Employer 6/111588

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FAMILY PHYSICIAN: Join a busy established Internal Medicine Practice in NE Aurora. Contract Basis, 25-30 hours/week, Competitive Salary and Benefits. Contact: Jill Bansek, Western Skies Practice Management Inc., (303) 320-1010. 2/010189

PROFESSIONAL OPPORTUNITIES

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EOE, m/f. 1/010189

AMBITIOUS BC-BE internist wanted to join two physician growing fee-for-service medical practice adjacent to community hospital. Send CV to Richard C. Lamb, M.D., 620 Iris Dr., Sterling, CO 80751. 2/010189

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PHYSICIAN, full or part time position working with senior citizens, Med Evaluations, Consultations, some supervision, call National Institute for Behavior Change. (303) 296-2244. 1/010189

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January 15, 1989 Volume 86, Number 2

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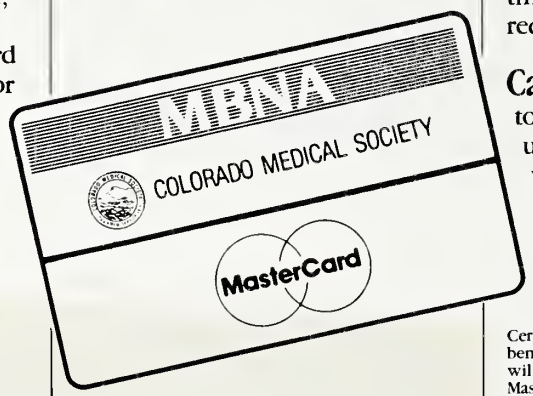
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Robert D. Hartley, M.D.
President
Colorado Medical Society

The (Legislative) Health of Colorado In 1989

Colorado Governor Roy Romer has graciously given considerable of his time to the Colorado Medical Society and the concerns of its member physicians. The Governor sat and discussed current health care issues with Dr. William Bailey, Hal Frye, Carol Tempest and me on December 21st. During that hour-plus discussion we were able to brief the Governor and his staff on the principal concerns with which we start the new year. We had the opportunity to outline to him our concerns over access to medical care and the impact of Medicaid and medically indigent needs on access to care. We discussed rural health issues in some detail. We reviewed the Health Data Commission and its work to date, as well as addressing some concerns the Colorado Medical Society has had about some of the Governor's appointments to the Commission.

In our briefing, we attempted to cover as completely as possible the matters of problems in health insurance, e.g., availability, cost, cancelability, etc.

For one, I found the opportunity most beneficial, not only to inform the Governor and members of his staff what our real concerns were, but to codify in my own mind where we must, as an organization, place our emphasis and our organizational thrust during the coming months. But this is not just an organizational effort that is needed; we must have the support and involvement of as many of Colorado's physicians as possible, whether or not they are members of CMS.

In addition, on January 3rd, Governor Romer gave us a preview of his State of the State message which was delivered to the Legislature on January 12th. In this preview, Governor Romer made it quite clear that much of his concern for the coming year was based on our state population's health, saying that the individual's health is as much a factor in Colorado's economic viability as are skill, tools of production and determination. He also stressed his desire to see individuals take responsibility for their own health by halting drug and substance abuse, use of tobacco and altering lifestyles which lead to illness, dysfunction and premature death.

Skills
Health
Tools of Production
State Infrastructure
Environment
Entrepreneurship
Fiscal Frugality

Governor Romer stated the areas which he sees as factors in the state's regaining the robust character of former years. Based on skills attained through a total education program and motivation to think and to learn, they are: 1) Tools for Production; 2) Healthy individuals, [because without good health neither skills, determination nor the tools of production can get the job done]; 3) Infrastructure [human services, transportation, state economy, etc.]; 4) Enviornment [protection of natural resources and quality of life]; 5) Entrepreneurship [getting the private sector involved in all of these areas] and; 6) Frugality.

There is no question that 1989 is going to see many crucial points decided in the health-care arena, whether by positive action or by default. Which way will you go? Please join CMS in the effort to bring about positive action on these and many other crucial health matters.

CIM

Thomas Balkany, MD, Chairman
Council on Legislation
and
Carol Tempest, Director
Government Affairs Division



Here's An Overview of the 1989 Legislative Session

(including an easy-to-follow map of a bill's progress through the Colorado General Assembly).

A legislative session with a new look began on January 11th - new because of 15 brand new members and four representatives transformed into senators. New also because of two propositions passed by the voters in November which require that every bill receive a hearing and that the session be completed in 120 days. There almost certainly will be more night and weekend work, and the 1989-90 budget will have to be passed before the books are closed on June 30th for the current fiscal year. Some internal rules will probably have to be passed to make the system work.

The bill requiring the most preparation for us is a peer review immunity bill that hopefully will bring Colorado's law into compliance with the standards articulated by the U. S. Supreme Court in the Patrick decision. It has been written and re-written for three months by a task force and will be broad enough to include professionals other than physicians if those groups want to do their own lobbying.

Other bills to be introduced include a series of workers' compensation bills as well as personal injury insurance bills, all of which must be carefully monitored. Once again there will be legislation to fund maternity care and infant care up to one year of age through Medicaid. Representative Irwin (R), Loveland, will again try to grant governmental immunity to physicians treating Medicaid patients. There will be an emergency medical services funding bill and another attempt at a trauma center organization bill. A number of environmental bills will appear including one to control infectious waste disposal. Further smoking controls in food vending stores, extension of the right-to-die to include artificial nutrition, the right of a child to treatment despite parental religious beliefs are all envisioned. And Senator McCormick (R), Canon City, will carry corrective legislation to allow physicians to prescribe all but Schedule II drugs for their family members.

The economic condition of the state doesn't bode well for budget item increases, but CMS will be working for increased Medicaid reimbursement, funding for the Rocky Mountain Poison Center, and numerous other items. The "glamorous" source of funding for just about everything this year is increased taxes on alcohol and tobacco which obviously is only a small part of an answer. Concepts such as insurance for uninsurables must include new and unique funding mechanisms, and we might well see a repeat of the proposal to tax professional services. An economic turnaround is a must!

As an additional feature of this report, we have added the outline of the legislative procedure and how a measure becomes law in Colorado. Please take the time to read it and keep it on hand for future reference *CIM*

A Guide to the Lawmaking Process

in the Colorado General Assembly

How A Bill Becomes Law*

The first step of the lawmaking process is to transform an idea into a specific proposal for a law. The proposal may be for a new law, for changing current law or for repealing a law. The proposal may originate from a variety of sources: individuals, public interest groups, state agencies or businesses.

In order for a bill to be introduced, it must be prepared in the appropriate form. This preparation, called bill drafting, may be done by private attorneys or staff attorneys.

In bicameral legislatures, a bill must pass both bodies and be signed by the governor of the state.

Before a bill can begin to be processed through either of the two houses, it must be given its first formal "reading". The first reading occurs when the bill is introduced, given a file number and assigned to a committee for study.

The committee chairman decides a hearing date for the bill. During the hearing, proponents and opponents give testimony on the merits of the legislation. Any person may testify on a bill.

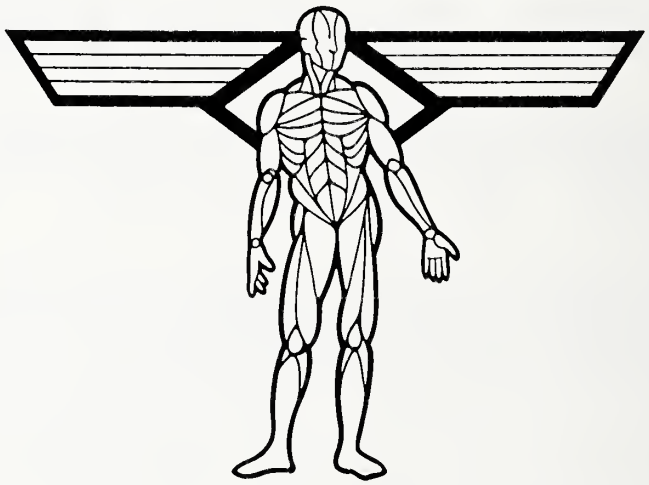
After weighing all the testimony and thoroughly examining and discussing the pros and cons of the bill, the committee members may take several different courses of action. They may vote to: recommend that the bill be passed and sent directly to the House or Senate floor; approve the bill and send it to another committee for further discussion; send the bill to the floor or another committee without recommendation for passage; keep it in committee indefinitely or simply defeat it.

Members of the committee can change a bill. These changes are called amendments. The members may recommend that the bill be amended to improve it or to reach a compromise among the bill's proponents and opponents.

After a bill is reported out of its final committee, it is given its second reading and placed before the entire body for discussion and consideration. Floor amendments are considered and a preliminary vote on the bill is taken. If approved, the bill is laid over for at least twenty-four hours before being considered for final passage. After final passage, the bill is sent to the other body.

In the Legislature, a bill must pass the Senate and the House of Representatives in identical form to become law. If a measure does not go through in the same form, a conference committee is established consisting of both senators and representatives to work out a final version. The compromise version must then be repassed by both bodies.

If a proposal survives all these obstacles, it is sent to the executive office, where it faces another test. The Governor may sign the bill into law, veto it, or allow the bill to expire without signing it. A veto may be overridden if both houses repass the bill with a two-thirds majority vote. ***(Chart follows on next page.)***



Health Professional
$ $ Loan Repayment Program $ $

If you are currently a resident, or have completed a residency in one of the following specialties, you may qualify for repayment of $3,000/yr on your government guaranteed student loans, up to a total of $20,000.

★ ANESTHESIOLOGIST
★ GENERAL SURGEON
★ ORTHOPEDIC SURGEON
★ OTORHINOLARYNGOLOGIST
★ EMERGENCY PHYSICIAN
★ THORACIC SURGEON
★ NEUROSURGEON

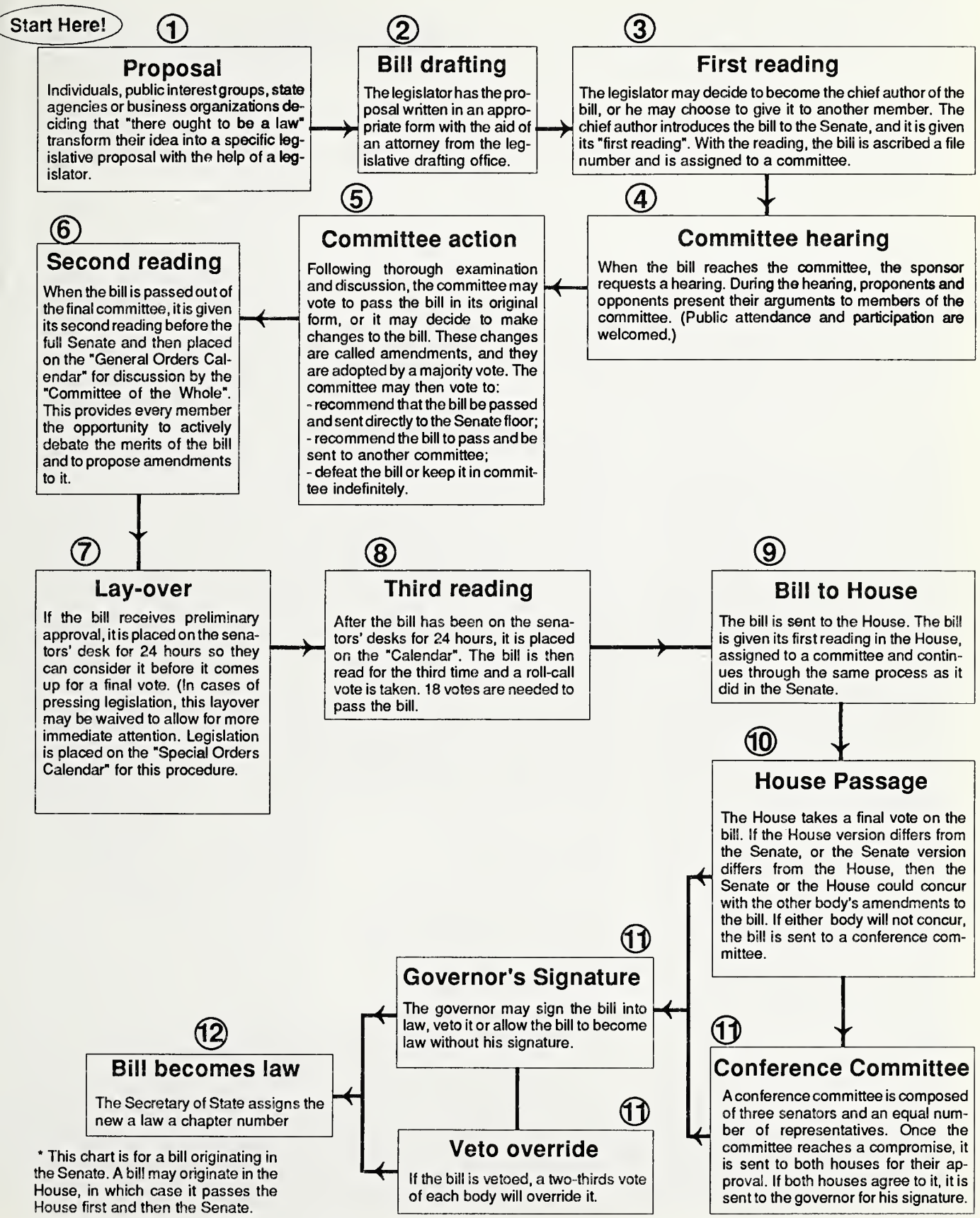
You must qualify and be appointed and serve as a Medical Corps Officer in the Colorado Army National Guard. In addition to this program, there is a program to assist residents in one of the above fields with a stipends while in their last two years of residency.

PLEASE CONTACT:

CAPTAIN Michael Carlson
AMEDD Recruiting Officer
(303) 340-8841

147th Med Hospital
Buckley ANG Base
Aurora, CO. 80011-9599

How A Bill Becomes Law



* This chart is for a bill originating in the Senate. A bill may originate in the House, in which case it passes the House first and then the Senate.

University Hospital Reorganization

A bill to change University Hospital from a state-owned institution to a not-for-profit corporation was introduced in the Colorado General Assembly this week by Representative Chris Paulson (R-Englewood).

At a December meeting at the University of Colorado Health Sciences Center, CMS President Robert Hartley, MD; President-Elect John F. Farrington, MD; and Harold F. Frye, Executive Director, discussed the legislation with Chancellor Bernard W. Nelson, MD, Gene Jacobson, MD, Dean, School of Medicine; Dennis Brimhall, University Hospital Director; and Charles Halgrimson, MD Associate Dean.

The Background

University officials said the proposed change in governance structure became necessary because the teaching hospital's financial stability is threatened by: 1) Increasing reluctance by insurers to subsidize care for the medically indigent through traditional cost-shifting methods; 2) Management inefficiencies inherent in state systems; 3) The inability to build capital reserves or borrow money to invest in the hospital; and 4) The increasing difficulty of financing the 15 percent of costs that are directly related to educational activities in the teaching hospital.

Even though University Hospital remains deeply committed to its missions of teaching, serving as a clinical site for medical research, patient care, and service to the poor and uninsured, it is jeopardized by an increasing deficit, officials said.

"This year the hospital will provide some $34 million in medical services for the poor," Brimhall said. "We will receive about $7.5 million in insurance reimbursement, and another $12.2 million in MI funds from the state. We will bill our patients for about $4 million. The result is more than $10 million in uncompensated care charges. Our costs are about 70 percent of that."

Clearly, Brimhall said, the hospital cannot save money to renovate and purchase equipment when losses persist at such rates. Financial projections estimated an accumulated $22 million loss at University Hospital in five years if current trends continue.

The result of this, Brimhall said, would be deterioration of the physical plant; restriction of care to the medically indigent as the deficit worsens, or closing of services; loss of faculty members and their research dollars; and deterioration of the academic programs.

A Proposed Solution

The University of Colorado Board of Regents, after two years of detailed analysis, decided that a not-for-profit structure would best serve the needs of the hospital.

During the current fiscal year, the Regents asked the University to implement the proposed reorganization, which meant seeking enabling legislation, preparing proposed Articles of Incorporation, writing proposed by-laws to guide a new board of directors, and creating certain operational services such as personnel and purchasing.

House Majority Leader Rep. Paulson agreed to carry the legislation as did Senate Majority Leader Jeff Wells. If the bill passes, the hospital will switch from its state-owned status to a new structure on July 1, 1989.

Issues raised by CMS leaders about the proposal included the impact on the medically indigent, the effect on the educational programs, and the competitive stance of the hospital.

Both Dr. Nelson and Dr. Brimhall were firm in reiterating the commitment of the institution to the medically indigent.

"University Hospital is the second largest provider of care for the medically indigent in the state, and our faculty have long been dedicated to providing this care," Dr. Nelson said. "Reorganization will actually make it possible to improve our level of care, because investments in the hospital will strengthen our bottom line and make it easier to subsidize uncompensated care." This is important, he said because the MI population in part provides the breadth of clinical experiences and the volume of patients needed to support the teaching program.

Both Dr. Nelson and Dr. Brimhall emphasized the ways in which reorganization would free up the hospital to enhance its teaching programs.

"Because of the type of institution we are, we need to provide the very best environment for teaching, research, and patient care," Brimhall said. "When we have better flexibility in management, we can build the specialized medical programs necessary to remain on the forefront of medicine, and it will be

by Barbara Barrow
Director of Public Relations
University of Colorado
Health Sciences Center

easier to finance the high costs of being a teaching hospital."

Will such improvements make University Hospital more competitive in the marketplace? This was a key question asked at the CMS/HSC meeting.

The main "competitors" of the CU-Health Sciences Center are its counterparts in other academic health centers, Dr. Nelson said. He pointed to the liver transplant patients who used to have to travel to other states to receive treatment; the current need for a Colorado bone marrow program; and the CU Cancer Center.

"A good health care community benefits from a good academic medical center," the Chancellor said. "Most of our faculty members are doing research in their fields at the same time they are mentoring young graduate medical students. For all the patients who have difficult to diagnose and difficult to treat illnesses, the availability of these specialized services is greatly appreciated."

A sound academic medical center also makes important contributions to the local and state economy, Dr. Nelson said. The $64 million brought into the state by entrepreneurial faculty researchers at the Health Sciences Center turns over many times in the economy. Because an academic medical center is necessarily comprehensive in order to provide good teaching, it may compete occasionally with other Denver area hospitals, he said. But, for the most part, it serves as a referral center, not a competitor.

Thumbnail Sketch of New Legislators

by Lorraine Koehn, CMS Lobbyist
and Administrative Assistant
Government Affairs Division

Senate:

Bonnie Allison (R), Edgewater: Moved from the House to the Senate. Replaces Senator Jim Lee (R), Lakewood, who retired.

Sandy Hume (R), Boulder: Moved from the House to the Senate to replace retiring Senator Les Fowler (R), Boulder.

Bill Owens (R), Aurora: Moved from the House to the Senate to fill the Senate seat of Ralph Cole (R), Littleton, who retired.

Pat Pascoe (D), Denver: Writer/ College Instructor. Replaces Senator Paul Powers (R), Denver, who did not seek re-election.

Mary Anne Tebedo (R), Colorado Springs: Moved from the House to the Senate to replace Senator Steve Durham (R) who chose not to run for another term.

House of Representatives:

Jeanne Adkins (R), Castle Rock: Journalist. Replaces Charles "Bud" Hover (R), Parker who did not run for re-election.

Steve Arveschoug (R), Pueblo: Businessman. Defeated Representative Leo Jenkins (D), Canon City.

Mike Coffman (R), Aurora: Businessman, retired military. Replaces former Representative Bill Owens who moved from the House to the Senate.

Guillermo DeHerrera (D), Aurora: Attorney. Elected to seat being vacated by Elim Lawsom (D), Brighton.

Charles Duke (R), Colorado Springs: Businessman. Defeated Representative Mary Dambman in a primary race.

Tim Foster (R), Grand Junction: Lawyer. In June, he was appointed to fill the vacancy caused by the resignation of Representative Ed Carpenter (R), Grand Junction.

William "Bill" Jerke (R), LaSalle: Businessman. Defeated incumbent Leo Berger (R), Longmont.

Stan Johnson (R), Boulder: Attorney. Assumes the seat vacated by Representative Sandy Hume who moved from the House to the Senate.

Peggy Kerns (D), Aurora: Former Aurora Councilwoman. Elected to fill the seat of Representative Joan Green who did not seek re-election.

Pat Killian (D), Wheat Ridge: Speech Therapist. Elected to fill the vacancy caused when Representative Bonnie Allison moved from the House to the Senate.

Donald Mares (D), Denver: Attorney. Defeated Representative Bob Bowen in a primary election.

Bill Martin (R), Colorado Springs: Dentist. Elected to the seat vacated by Representative Mary Anne Tebedo who moved from the House to the Senate.

Jim Pierson (D), Arvada: School teacher. Elected to the seat vacated by Representative David Bath who resigned to seek election as second district congressman. Bath was defeated by incumbent David Skaggs (D),
Boulder.

Dan Prinster (D), Grand Junction: Businessman. Elected to the seat formerly held by Representative Vickie Armstrong who withdrew her candidacy for this House seat.

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Reducing high blood cholesterol reduces the risk of heart disease. That's why we're telling Americans—through a national public service advertising campaign—to know their cholesterol number. Your patients may soon be asking you for their number and what it means.

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Help your patients reduce their risk of heart disease. For a free copy of the *Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults,* complete the form below.

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Mail to: Cholesterol Adult Treatment Guidelines
National Cholesterol Education Program
National Heart, Lung, and Blood Institute
C-200-GA
Bethesda, MD 20892

NATIONAL CHOLESTEROL EDUCATION PROGRAM

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

National Institutes of Health • Public Health Service • U.S. Department of Health and Human Services

Mile High News

1988-1989 Vol. 2, Issue 2 | Colorado Medical Society Auxiliary | January, 1989,

Jan Baron, Editor

A MESSAGE FROM THE PRESIDENT

In this country and in this state we have a killer. It is taking lives faster than heart and cancer disease. It affects us all, but especially the teenager. In fact, it is the number one killer of teenagers in America.

What is this killer? You may have guessed. It is the unforeseen car crash. No one of us, especially teenagers ever expect to be involved in a car accident. Statistics prove this security false as chances of anyone being injured or killed in a car accident are greater than 86%.

The chances are even greater for teenage drivers. Let's look at a few grim statistics. Nearly half the people killed lin traffic accidents are under 25 years of age. Every ten seconds a teenager in this country is involved in a car crash. This involves more than 3500 teenagers a day. One hundred thirty-three (133) die each week. This is more than one big high school band wiped out weekly. Behind these grim statistics are real families in real pain and disbelief.



We have looked at the statistics concerning the death rate of teenagers, but injuries due to car crashes are another serious part of the problem. The injured teenager could face extended periods of rehabilitation and the possibility of being confined to a wheelchair or a bed for the rest of his/her natural life. Not only is this a tragedy for a young life, it is a tremendous financial burden on the family and society.

For heart and cancer disease research is frantically searching for treatment and cure. As long as we have the automobile there will be no cure for the car crash, but with education, stricter traffic law enforcement, and seat belt usage we can reduce the statistics. Most experts feel that the effectiveness of lap and shoulder belts in preventing death and injury ranges from 50 to 60 percent.

The December 23, 1988 issue of JAMA published two articles concerning safety belt usage and their effect on morbidity and health care costs. One study reported that North Carolina reduced severe of fatal injuries approximately 1100 per year because of their mandatory seat belt usage. A Chicago study evaluating 1364 motor-vehicle accident victims arrived at the following statistics. "Safety belt wearers had a 60.1% reduction in severity of injury, a 64.6% decrease in hospital admissions, and a 66.3% decline in hospital charges."

The January 2, 1989 issue of the Colorado Springs Gazette Telegraph reported that our city had a 33% decrease in traffic fatalities in 1987 and states the mandatory seat belt law as one of the reasons for the decline. However, sadly, of the 31 fatalities on our city streets this year, four of them were teenagers who died since school started in September. They were not seat belted. Chances are that there is a similar story in your county.

We may not have a cure for the car crash, but we can help to beat this killer of young people through education and seat belt usage. Medical Societies and Auxiliaries across this state can show their communities that they care about their good health by taking part in the ;Colorado Medical Society Auxiliary "Don't Be A Stiff - Buckle Up For Safe Driving" Campaign Contest.

CMSA in coalition with the Colorado Seat Belt Network, and the Colorado Division of Highway Safety are sponsoring a state-wide high school buckle-up campaign competition. Letters announcing the competition and packets containing the competition rules and programming ideas have been mailed to nearly three hundred high schools. A $50.00 incentive grant will be given to the first 40 schools who submit an application to participate in the contest. The schools will be required to do a pre- and post-campaign observational study of seat belt use at their school. The results of these studies in addition to the variety and creativity which goes into the campaigns will be factors in the campaign competition. We will offer three prizes of $500.00, $250.00 and $100.00. The contest will run from January through March with prizes awarded in April.

A phone call from an auxilian to a high school principal, student body president, or student council sponsor encouraging them to take part in the contest could save a life. Perhaps you could offer the assistance of your county auxiliary. For more details contact your county president.

Sharon Cunningham, President, 1988, 1989

HALL OF LIFE

The CMSA annual fundraiser for the Hall of Life was spectacularly successful, raising $22,600. Of the total raised, $15,000 has been set aside for student class scholarships.

The event was held Monday, November 15, at the Denver Museum of Natural History. The tasty supper buffet was followed by a choice of four mini classes to illustrate Hall of Life teaching techniques and course material. The highlight of the evening was a one hour humorous lecture on "Stress-Is It Worth Dying For" by Dr. Robert S. Eliot, Director of the Institute of Stress Medicine.

The committee was a super group. Chaired by Sonnie Talley, the ladies included Patti Brown, Sherry Cox, Lynne Lindy, Sharon Cunningham, Nancy DeLauro, Sharon Ferlic, Maria Gillesby, Jan Good, Ali Harwood, Bunkie Inkret, Patty Mack, Pat McElhinney, Barbara O'Brian, Nancy Price, Vee Sabel, Roberta Sadler, Linda Shechan, and Judi Waarkentin.

We are pleased to report that the CMSA Board has voted to hold the Hall of Life Fundraiser again this year - the 10th anniversary of the Hall of Life founding. Hope to see you at the "Birthday Gala"!

CALENDAR

1989 SCHEDULE OF MEETINGS AND EVENTS

January - Regional and County Visits by CMSA Team
January 12 - Central Regional Meeting
January 17-18 - Western Regional Meeting
January 31 - Metro Regional Meeting
February 5-7 - AMAA Confluence II - Chicago
February 13 - CMSA Legislative Day and Board meeting - Denver
This is a CMSA Event for all county members.
March 11-12 - Medical Society Interim Meeting. This will be held at the Hyatt Regency in the Denver Tech Center.
April 19-20 - CMSA Spring Board and General Meeting and Leadership Seminar.
The Leadership Seminar is for all county members.
April and May - 1989 County Installations
June 18-21 - AMAA Annual Meeting in Chicago for CMSA President, President-Elect and Delegates.
July 12 - CMSA Summer Board Meeting
September 14-16 - CMSA Fall Meeting - Vail Westin

UPDATE

Joyce Sowl replaces Ruth Miller as Health Projects Chairman. Please make a note of this change on your board roster as follows. Sowl, Joyce (Dee), 2040 Kohler Dr., Boulder 80302 (303-494-6058) Thanks Joyce!

LEGISLATIVE DAY
February 13, 1989

9:00 a.m. Colorado History Museum
- Coffee for Auxilians
- Highlight Tour of Museum Capitol
10:30 Capitol
Old Supreme Court Chambers
- Legislative Briefing
Senate and House will be in session for observation
11:30 University Club
- Social Time and Lunch
12:00 noon Lunch with Legislators
- Counties invite legislators to be guests for lunch.
***** Board meeting - following meeting**
1:30 p.m. Committee hearings begin and can be observed.

Make plans now to be part of this special day! Each county should bring a large delegation. Reservations are due by February 1. Remember we had a large attendance last year, so begin to organize now to be on schedule with reservations.

Reservations may be made directly to CMSA Legislation Chairman or contact your County Legislation Chairman to register on the group form. County chairmen will receive a registration sheet and directions for parking in January.

Legislators are to be invited by each County Chairman with direction from the County Board and paid for by the County. Each County selects which legislators to invite. It does not have to be a blanket invitation of all legislators in the county area. A suggestion would be to invite legislators as soon as possible. Phone if there are any questions regarding these procedures.

Fees:
Coffee at Colorado History Museum $5.00
Luncheon $15.00 Auxiliary Total $20.00
Legislators Lunch $15.00 Legislator Total $15.00
Send checks (made payable to CMSA) by February 1 to : CMSA Legislation Chairman, Ginger Underwood, 12031 West 54th Avenue, Arvada, CO 80002

Ginger Underwood
Legislative Chairman

NAME_____COUNTY_____

Coffee $5.00 ____ Lunch $15.00 ____ Total $20.00 ____

Individual registration may be sent for the day. County Legislative Chairmen will also have a form for group and legislator registration. Counties do pay for the legislators they invite. ALL COUNTY MEMBERS ARE URGED TO ATTEND.

November 28, 1988

Dear Auxilians,

Those of us attending the October AMAA Confluence in Chicago were privileged to hear Alena Moris speak of women in leadership roles. She stated that women in leadership roles are the right people in the right places at the right time in history. She feels that women are the greatest resource our country has and that they will imprint society. We all sat spellbound as she put the women's movement in perspective tracing its various stages of revolution, competition with men, and the retreading years as women realized the impossibility of being like men. We all must remember that women are not better, not worse, but just different than men.

She reminded us that power comes to those who know and know they know. She feels that women leaders fall into that category and encourages women to use their power to bring about change. Certainly we should be raising our children but that is not enough. We must also be out in the community making an impact upon the society they must live in.

Moris sees Auxilians as women supportive of their spouses and thinks this connectiveness is important. But she also encourages us to know our own commitments to health care and be courageous with strong stands on some issues so we are recognized as a vital and vigorous organization.

Mrs. Moris' tape on motivation and leadership is available from our CMSA office in Denver. Please contact us at the new address, 5575 DTC Parkway, Suite #240, Englewood, CO 80111.

We encourage you to listen to the tape (there is no charge for it or other tapes and films on file). You will find it interesting and inspirational for your auxiliary and your entire family.

Catherine Yoder, President-Elect

COUNTY NEWS

Clear Creek Valley Medical Auxiliary

The Holiday Boutique sponsored by the Clear Creek Valley Medical Auxiliary in late October was a financial success, thanks to the helpful involvement and support of its members. Thirty-five artisans displayed a lovely variety of arts, crafts, and wares to be sold at the Jefferson Unitarian Church in Golden.

A preview party, hosted by auxiliary members, offered shoppers a luscious assortment of food and wine while they browsed. The proceeds of the two day sale will once again provide funds for the auxiliary's two nursing scholarships, which are presented each spring to deserving students.



Betty Driver and Linda Williams manning the cash registers at the Clear Creek Holiday Boutique

Mesa County

by Carol Barbero

Mesa County Medical Society Auxiliary has had a busy and productive Fall. Our activities have included a well attended Fall Coffee to get old and new members acquainted. To show support for a proposed Colorado River Park, a group of members went on a guided float trip down the Colorado River. During December, the Medical Society and Auxiliary joined together for a dinner meeting. Our special guests were local legislators. A donation of $500.00 has been made to the Mesa County Indigent Children's Fund to be used to pay for prescriptions needed by families who cannot afford them.

Denver County

by Sharon Ferlic

The Denver Medical Society Auxiliary began its fall with a well attended tea at the home of Sharon Ferlic. The membership drive resulted in a net gain of 30 members, bringing the total to 220. Prizes were awarded to those who brought in the most members. Mary Jane Newens won 1st. prize - a weekend for 2 at the Broadmoor. Kit Manart and Jan Holman won 2nd and 3rd prizes - a "day of beauty" each.

The November meeting featured Dr. and Mrs. John Edwards who narrated slides of their trip to Kenya. They have been many times and presented an outstanding travelog.

February 14th the DMSA is sponsoring a benefit for the Poison Control Center, to be held at Cableland. It will be from 7-9 P.M. Spouses and guests are invited. The cost will be $20.00 per person. For further information contact Anne Cook 757-0828

On Tuesday, October 11 at the Leadership Confluence in Chicago, I was fortunate enough to be able to attend a Breakout Session entitled "The Health of Adolescents" Having three sons rapidly approaching the adolescent years, I decided to "find out what I was in for". This session, offered by William Hendee, Phd, Vice President, Science and Technology, American Medical Association, and Arthur Elster, M.D., Director, Department of Adolescent Health, American Medical Association was one of the most informative and impressive presentations I have attended. Frightening statistics warned us of the present and impending problems we face. Two-thirds of American youth use an illicit drug before they finish high school. Teenage mothers account for 46% of all births to unmarried women and one-third of all abortions.

Six percent of boys and 15% of girls experience sexual abuse by the age of 16. Five thousand persons under age 19 commit suicide each year, and 50,000 attempt it. Can my children possibly survive the apparently insurmountable problems of adolescence? The American Medical Association has designed a program that focuses on teaching and supporting teens in making health decisions. It has coordinated a networking system to help national, state, and local organizations work together to provide information, outreach, and programs for teens. Each county auxiliary can work with its county medical society to form a task force on adolescent health. After assessing the needs in our own community, we can develop projects to help adolescents face and attempt to overcome this stressful period in their life. Drs. Hendee and Elster presented the startling statistics, but also gave us hope that adolescent health problems can be tackled with our help.

Cheri Kingzler
President-Elect Clear Creek

CONFLUENCE (cont.)

The Colorado Medical Auxiliaries were well represented at Confluence 1988 in Chicago the first week of October. Representatives from Denver, Colorado Springs, Fort Collins, Arapahoe, Clear Creek and Weld joined our President Sharon Cunningham for the meeting. The program for the two and one half days was very full. We had a planned activity for almost every minute; morning, noon and night. The evening preceding registration all of the Western Region had dinner together so we could get to know each other, to share common concerns and suggest solutions. Continuing events during Confluence were the Exhibit Walk, Resource Center, and the Video Lane. All were sources for programs, projects, ideas, and materials. Each day had Plenary Sessions to present information of interest to the entire group such as "Leadership and Motivation" and "The Nursing Shortage". These sessions were followed by small group discussions led by able presenters on a variety of topics: Effective Programming, Every Member a Vital Member, Support Systems, Networking, Health of Adolescents, Aids Education, and Intergenerational Programming of Older Americans. Most meals were planned for networking with seating arranged so we would have opportunities to meet people from all over the country.

The Conference was very rewarding for all of us. We received valuable training in how to be effective leaders and thereby increase the effectiveness of our individual auxiliaries. We were impressed by the impact Medical Auxiliaries are having on communities all over the U.S.A. through health projects, programs and volunteerism. It is true that the more we participate and share, the more we and the community gain. We will follow Sharon Cunningham's game plan for 1988-89 more successfully because of our participation in Leadership Confluence 1988.

O'Linda Harvey
Carol Kaiser
Larimer County

Highlights of the December 7 Board Mtg.

Eighteen board members attended the meeting on December 7th despite the snowy weather, and made some decisions that will be of interest of the general membership as follows.

The next **yearbook** will be published in its previous format this coming summer.

The present board will end their **term of office** the end of June, 1989. Catherine Yoder, President-Elect and her board will take office at this time, and serve through the spring meeting in April, 1990. This change will make an easier transition from the Fall instillation back to the so by April 1990 we will be in a Spring to Spring pattern.

Two years ago the state was **divided into five regions** with a director to assist with each region. There are four regional meetings scheduled for this month. Copic will provide the lunches. A change was made in the regions as follows: Clear Creek Auxiliary was moved from the Northwest Region and placed with the Metro Region. The remaining Northwest Counties and the Northeast Region were combined to make the North Region. This rearrangement gives us four regions.

MEET ONE OF OUR REGIONAL DIRECTORS!

Lucille Crumbacker Western Regional Director



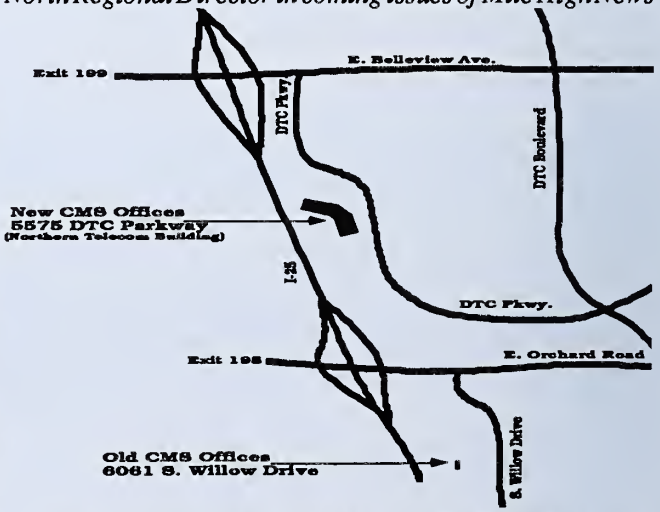
Lucille is a Denver native. She is married to Vic who is an internist. They have 3 children; Mary, an attorney in Greeley, Allan, a sports shop manager in Honolulu, and Dan, chef in Grand Junction. Vic and Lucille have lived in Grand Junction since 1956.

Lucille is a research chemist and has spent many years as a volunteer in her community. She has been president of the Mesa County Medical Auxiliary, League of Women Voters, Church Council, Grand Jct. Housing Authority, plus several state appointments: Nominating Commission for Judicial District, Colorado State Board of Pharmacy, Colorado Health Facilities Review Council. In 1971-72 she served as president of the Colorado Medical Society Auxiliary.

Ten years ago Lucille was asked to organize and manage a Grand Junction Symphony Orchestra. This past July she retired from that position having in place a 65 piece orchestra, a Chorus, Young Artists' Orchestra, and a resident professional conductor for Grand Junction.

Lucille is pleased to be a Regional Director for the Western Slope medical auxiliaries. This is a widespread area geographically. She would like to see more communication with each other concerning similar problems and solutions, and new peer friendships and peer support systems. Its another approach to help western members feel a relationship with CMSA and state projects and goals. Regional directors will hope to reach many more doctor's wives in Colorado for common support and a growing experience for all of us.

We will feature Rose Pollard, Central Regional Director, Betsy Becker, Metro Regional Director and Kathy Thompson, North Regional Director in coming issues of Mile High News



CMSA Moves to new offices. The new address is 5575 DTC Parkway, Suite #240, Englewood, CO 80111. The office is open to auxiliary members. Sharon Cunningham is usually in the office on Tuesdays. The move is effective January 15, 1989.

Component Sketchbook

on CMS Component Society Leadership
by Michael Thompson, CMS

Mesa County Medical Society President Robert S. Hanna, M.D.

Mesa County Medical Society is headquartered in Grand Junction, Colorado, on what is affectionately called the "Western Slope". It's some distance from the major population centers of the Front Range, but it is by no means out of the mainstream of organized medicine in Colorado.

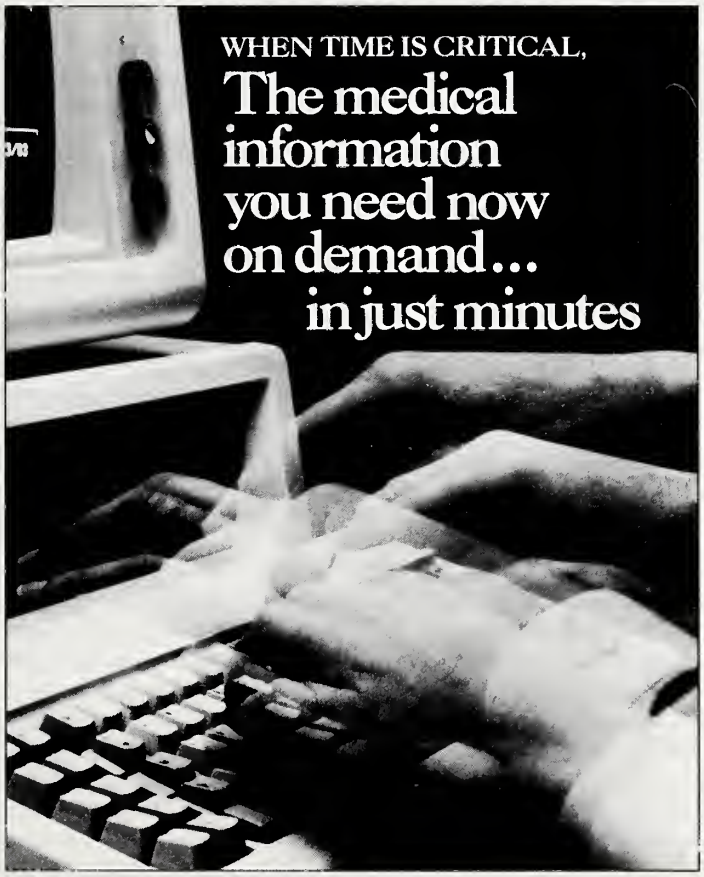
Robert S. Hanna, MD sees to that as President of the Mesa County Medical Society. Dr. Hanna is an Opthalmologist practicing in Grand Junction and he is bullish on the impact of the local medical society.

Dr. Hanna received the Doctor of Medicine from the University of Nebraska in Lincoln, then served a year of internship and four years as a resident at Valley Medical Center in Fresno California. He has been a member of Colorado Medical Society for nine years.

Bob Hanna's vision for Mesa County Medical Society is a vision of strength in numbers. "We need a viable component society and viability is predicated on membership." he said, contending that an active and growing membership will make the society "a voice to be heard."

Building the membership is not his only priority as President, however. Dr Hanna also works to ensure educational presentations at the meetings of Mesa County Medical Society. He doesn't look for clinical information for these presentations, but rather for information centered on economic and political issues and the like. He believes that an educated membership is a more effective membership.

"The forces of organized medicine start at the grass roots." says Dr. Hanna. He contends that the effectiveness of such organizations as Colorado Medical Society and the American Medical Association depend on the strength of the local, component societies, much the same way the vitality of a nation is built on the strength of its family units. *CM*



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Expenditure Targets as a Means to Control the "Volume" of Services Rendered Within the Medicare Program

by Robert D. McCartney, MD, Chairman
Medicare Committee

Recently we physicians have been beleaguered with discussion of the costs of the Medicare program. These costs are of concern to Congress because in 1988 the premiums for Part B coverage increased by 35% to $24.80 per month per beneficiary; in 1989 the premium has increased by another 12.5% to $27.90 per month. Beneficiaries will also need to decide about the additional premium costs of catastrophic coverage. It must be recognized that these are **per beneficiary** increases in premium, not explainable by the increasing numbers of elderly eligible for the program. It has been discussed that two factors determine the total expenditures within Medicare: the cost per unit of service, and the number of units of service provided. Current discussions of the Resource Based Relative Value Scale address the cost per unit of service. The Medicare Advisory Committee meets monthly to discuss the proposals regarding control of "volume" of Medicare services. During the last year we presented a paper on **"Focused Peer Review"**, one alternative endorsed by the House of Delegates as acceptable. This month we have discussed "Expenditure Targets".

In analysis of the problem, expenditures per beneficiary have increased by 13% in the past four years. California Representative Pete Stark has stated that the increase is a result of Medicine being handed a "Blank Check". The AMA has countered, citing technological advances, prospective payment, growth in the numbers of elderly, and patient demands for care as the causes. In fact, the evidence for either position is largely anecdotal.

A number of solutions have been suggested to the "volume" problem. The AMA has stated that any reform in physician reimbursement must be based upon an **indemnity plan**, so that patient demand for services becomes part of the equation regulating the amount of service rendered. Other solutions include capitation, managed care utilizing the Preferred Provider Model, regional caps, and continuation of the present "piecemeal" regulation of volume.

Expenditure targets have been considered as one solution to the volume problem. Here a negotiated price tag is placed upon a Medicare locality. The attractiveness of this solution to some experts rests with the incentive for **collective** restraint on growth placed upon the medical community. Targets differ from a regional cap insofar as expenditures above the target will be paid, but must be recouped from future reimbursements.

"...a reduction in future reimbursement will occur to recoup the losses."

Analysis of expenditure targets has largely drawn upon the experiences of the Canadian and West German health care systems. In British Columbia physicians and government annually negotiate to determine the appropriate target for the following year. In practice, this becomes a negotiated percentage increase over the previous year's expenditures. If, during the ensuing year, expenditures overrun the target, a reduction in future reimbursement will occur to recoup the losses. Such a reduction occurred in the quarter of October 1987 to January 1988 when physicians experienced a 4% reduction to recoup the 1% overrun of 1986.

In such a system the medical society determines how the health care dollars will be divided between specialties. The medical society also assumes the necessary peer review roles to ensure compliance with the program for the benefit of physicians as a whole.

In Quebec, the scenario is slightly different. The target is not total expenditures by the system, but rather the average gross income of physicians. This interesting approach still translates into targets on expenditures.

In West Germany, insurers and the medical society negotiate the amount of funds for physicians' services. The funds are then administered by the physicians' association. The doctors then bill the medical society on a fee for service basis. The conversion factor for their relative value scale is then adjusted to meet the targets.

The Physician Payment Review Commission (PPRC), in considering the alternatives, has stated that expenditure targets are one option that preserves physician autonomy, while providing a clear financial incentive for careful allocation of a limited resource. It is true that, in this model, once the target is negotiated, physicians autonomously are allowed to divide and distribute the allocated funds as they see fit, obliged to fulfill the health care needs of the population they serve. The PPRC cites **Reinhardt's Law**, which states that the less a society does to control the growth of health spending with broad mechanisms, such as targets, the more payors will intrude into the doctor-patient relationship, interfering with clinical decision making.

PPRC has further noted that expenditure targets will lift the burden of government imposed review mechanisms. The medical society, however, would have to assume the role previously held by the government.

PPRC finally noted that the expenditure targets would increase equity in reimbursement, so that areas with a low per capita volume of service would be rewarded with a higher payment per service. This in turn would increase

access to care in previously underserved areas.

It is presumed that the targets would reflect the case-mix of an area, taking into consideration the age, sex, and other risk characteristics of the population.

In summary, the strengths of this proposal are the explicit limits set upon the resources to be consumed in rendering care, while autonomy is provided in the use and distribution of these resources.

Several counterpoints have been made regarding expenditure targets. It has been stated that targets will result in the underprovision of services, resulting in a detrimental effect upon the quality of care. This argument has also been convincing in discussions of capitation. The implementation of Prospective Payment for hospital services resulted in a large shift of care to the ambulatory setting. Time will tell whether or not this can increase without compromising quality.

Furthermore, there is a predetermined decision on the amount of health resources to be expended, which may not accurately reflect needs at a given time. Thus, during epidemics and changing patterns of disease, a target would lose meaning.

Targets are based upon "averages", which may not be appropriate in all practice situations. Reimbursement systems that allow a range of reimbursement provide for greater innovation and experimentation in practice style.

It has also been expressed that "appropriateness" may become relative during times of budget constraint. This key issue is the crux of all current reimbursement discussions, for all talk of equity in payment loses meaning when expenditures are based upon political pressures rather than medical necessity. There is no scientific evidence determining a desirable volume of health care and there are no norms for comparison.

Furthermore, variable access to care may result, depending on whether a patient lives in an area that exceeds or is below the target. Thus the patient becomes at risk for the collective performance of the physician community.

Targets do indeed exaggerate the ability of doctors to control the practice patterns of their peers. The current anti-competitive pressures prevalent in our society would need to change. Moreover this system provides a negative incentive, since the prudent physician practicing in an area of over-expenditure is penalized along with the remainder of the profession. The medical community would need to develop responses that affect individual behavior. These include peer pressure, peer review and practice guidelines. The HMO experience in the U.S. has been discouraging in terms of our ability to enact these responses. We would hope to see a shift to less costly but equally effective technology. We haven't yet determined if this is realistic.

Targets, to be fair, must apply to all payors, not just to physicians. It has been stated that physicians, as the "initiators" of care, are the only providers capable of altering the volume of their services. This is not true in all situations. In Physical Therapy, for instance, the physician initiates the order. but the Therapist has discretion in the number of visits and modalities to be delivered.

Before the Committee can make a final assessment of the proposal, several design issues must be clarified. Would the target be for the rate of growth, or for the total expenditure? Targets that are based upon rate of growth will perpetuate and actually widen current variations in reimbursement; those based upon total expenditure would increase parity and provide an incentive to increase services in areas that are currently underserved.

The Committee has concerns over the data to be used in the development of targets. Geographic variations with unexplained fluctuations exist. Additionally, it currently takes the government 18 months to compile year end data. It is noted that in countries where targets have been utilized, such data is gathered in a much shorter time frame. Private insurers are capable of gathering such data in a period of months. The Committee has serious concerns about the effectiveness of incentives based upon old data, and data subject to unexplained variations.

The Committee has concerns whether expenditure targets would be used to determine the actual **level** of reimbursement or the **updating** of reimbursement. If actual level of payment, then reimbursement could be lowered, resulting in considerable controversy. If used to update current levels, there would be greater acceptability.

The Committee is uncertain whether expenditure targets would be applied to the existing 240 Medicare localities, or whether there would be a realignment. Presently, localities represent zip codes, county lines, Congressional Districts, and, as in the case of Colorado, entire states. If the districts are smaller there will be greater random statistical fluctuation. Patients would be more likely to travel to other localities to receive their care, but the volume statistics would be attributed to their home locality. Of course, medical societies are more able to influence their members within smaller localities. If localities coincide with state boundaries, current societies could administer the expenditure target. If localities were not used, national medical societies could assume the administrative role. Here, data would be more available, there would be less fluctuation and there would be national rates for implementation. National societies, however, tend to be less cohesive than those on local levels.

The Committee has noted the irony of the medical society becoming the "heavy" in reimbursement issues. We weren't sure we wanted to give up our Peer Review scapegoat, the Colorado Foundation for Medical Care, much less allow CMS to bear the criticisms we currently level at Blue Cross as the Fiscal Intermediary! The prospect of autonomy in this form of volume control is intriguing, yet threatening.

The real issue is whether the physicians in our community could effectively negotiate a fair and reasonable target for Colorado. The Committee doubted that we could, and felt that our expenditure target would become a political pawn in the budget process. This key issue, more than all other criticisms, would make targets unworkable.

AMNews, however, grimly quotes Congressman Willis Gradison, R-OH, "If even every bit of service now delivered to Medicare patients is necessary, Congress will still need to do something because of this budgetary problem." Rep. Jack Picker, D-TX, said, "If you don't find unanimity among the profession or with the administration, the ball will bounce back to us." And Pete Stark, D-CA, says "The fundamental problem is that Medicare gives doctors a blank check."

We too, Doctors, will have to make hard decisions.

MEDICAL NEWS

New mercury spill booklet available from CDH

by Ann J. Lockhart, Colorado Department of Health

Mercury vapors from broken thermometers or blood pressure gauges can cause short term and long term health effects for the lab workers, students, teachers and medical and dental professionals who may breathe the vapors.

The Colorado Department of Health and environmental health officers from local health departments have just completed a booklet, "Guidelines for Mercury Spills and Exposures," to help those who may be exposed to toxic mercury vapors resulting from spills.

Jeff Miller, senior industrial hygienist in the state Health Department's Disease Control and Environmental Epidemiology division, said the tiny beads of mercury are extremely difficult to collect and can become imbedded in carpeting and other absorbent materials.

"Once exposed to the air, mercury evaporates. The mercury vapor can then be inhaled," Miller said. "Mercury vapor does not have any odor and cannot be detected in the air without special air sampling devices."

The state Health Department receives numerous reports each year of accidental mercury spills, most of which occur in schools and medical offices. Miller said the booklet was developed to help school administrators, science teachers, medical and dental professionals, lab workers and fire fighters cope with mercury spills.

The booklet includes in depth information on the physical and toxic properties of mercury, air sampling methods, personal protective equipment, spill and cleanup procedures and disposal recommendations.

Single copies of the booklet are free. To obtain a copy, call the environmental health director at your local health department or the Colorado Department of Health's Office of Health and Environmental Protection at (303) 331-4510.

NOTICE

Despite rumors to the contrary, Colorado Medical Society has not entered into any agreement with a cellular phone company to provide discounts to CMS members. While CMS has been exploring that possibility, no final arrangements have been made and CMS does not presently endorse any cellular service.

One particular company, Cellular-One, has been telling physicians that they have entered into such an agreement. They have apparently even published literature to this effect. This is not true at the present time. If you are contacted by a supplier of cellular telephone service claiming to have an arrangement with Colorado Medical Society, please contact Darla Leslie at CMS, (303) 779-5455 or 1-800-654-5653, ext. 316.

Managed Care speech to highlight Denver conference

Paul Ellwood, Jr., MD, Chairman of the Board of Interstudy, will be the keynote speaker at the February 2 meeting of the Colorado Healthcare Financial Management Association in Denver. Dr. Ellwood will present the cost implications of his quality outcomes study. He is regarded as an expert in the managed care field and is considered to be the architect of the HMO concept.

The one and a half day program will be held at the Stouffers Concourse Hotel and also features sessions on organizational development, health care projections for the 90's and customer service in the health care field, among others. For more information contact Hal Prink at Medical Group Management Association, (303) 753-1111.

Denver Medical Library in new facilities

Denver Medical Library and Denver Medical Books (its affiliated bookstore) are now housed in a transition location, awaiting permanent location in the new clinical tower on the northwest corner of the AMI Presbyterian St. Luke's Regional Medical Center. The library was moved to the ground level of the hospital after the demolition of their old building to make room for a parking structure and medical office building. They are now using the space formerly occupied by the coffee shop.

The space has been remodeled to provide a library reading room, staff offices, study room, computer room, book and journal stack area, and a sepa-

MEDICAL NEWS

rate space for the book store. Access is gained to the library either through the main entrance of the hospital, then by an elevator across from the gift shop to the ground floor, or through the hospital's east entrance off High Street and by following the ground level hallway to its end.

Patrons may park either in the hospital parking structure on 19th and Williams or behind the hospital's east entrance off High Street where there are four designated parking spaces nearest the east door. DML will reimburse library patrons for any parking charges.

Colorado Medical Society members have access to the Denver Medical Library and Denver Medical Books services, including computerized literature searches, interlibrary loans, circulation of books and journals, photocopying, reference services and medical and dental books for sale.

Here is the new address:

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Rural Physicians to Learn More About Eye Care

by Kathleen J. Skiby, CMA
Department of Ophthalmology, UCHSC

The Department of Ophthalmology at the University of Colorado Health Sciences Center has received a limited bequest to improve eye care in rural areas of Colorado.

The Department is in the process of setting up a pilot program at the Health Sciences Center and its affiliated hospitals to update education in ophthalmology for general practitioners from rural areas. It is anticipated that each participant in the program would spend at least five working days in Denver.

It will be possible for us to pay travel expenses and supplemental funds up to a total of $800 to physicians accepted into the program.

If you are interested in participating in such a program, please write to Dr. Philip P. Ellis, M.D., Professor and Chairman, Department of Ophthalmology, Box B-204, University of Colorado Health Sciences Center, 4200 East 9th Avenue, Denver, CO 80262.

GASP publishes list of smokeless restaurants

The Group to Alleviate Smoking Pollution (GASP) has come to the aid of those in search of a dining spot far from the smell of smoke. For people who need, desire or prefer to dine in a smoke free atmosphere, GASP has published the ***Guide to Smoke-Free Dining.***

The 16 page booklet lists 42 restaurants which are totally smoke free and 233 which have completely separate smoke free areas. Listings cover restaurants in the Denver Metro area from Aurora to Evergreen, and from Castle Rock to Brighton. They are arranged alphabetically by city and provide the addresses and phone numbers of restaurants with smoke free accommodations. The guide also contains information on second hand smoke and on local ordinances limiting smoking in restaurants.

The guide was created by GASP volunteers and staff, who polled all 3,000 restaurants listed in the Denver Yellow Pages for information on their smoking policies. It was co-sponsored by Coalition for a Tobacco-Free Colorado and underwritten by American Respiratory Care Services, the Colorado Academy of Physician Assistants, Colorado Foundation for Health Promotion and Physical Fitness, Peter R. Bialick, GASP, Richard L. Crowther, FAIA and Wayne Dozier of Bananas Restaurant.

For more information, or to obtain copies of the ***Guide to Smoke-Free Dining***, contact GASP at Box 12103, Boulder, CO 80303, (303) 444-9799. The organization requests a contribution of $2 per copy to help cover postage and printing costs.

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The questions of who can safely provide care in the schools, how procedures are to be carried out in this setting, and who can train and supervise the care provider are frequently asked. These questions and others including the physician's liability for the supervision of this health care will be addressed in two Metro Area workshops entitled "Health Care of Students with Special Needs in the School Setting".

There is no fee for these workshops which are a cooperative effort by the Colorado Department of Education, the Colorado Medical Society, Children's Hospital, the Legal Rights Center, and the Colorado Department of Health.

For further information and registration, please contact Victoria Hertel at the Colorado Department of Health, (303) 331-8456.

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1989 Interim Meeting: Short and to the point

1989 Interim Meeting Has Been Restructured

Colorado is one of the few states that still holds an Interim Meeting, and it has been more difficult in recent years to provide for a satisfactory attendance. This year, organizers have decided to try a different tack.

Since much of the Society's business is conducted at the Annual Meeting in September, and there are no large, controversial issues to be presented to the House this year, the full three day session was not really needed to consider reports and resolutions. These activities will be condensed into one day, Saturday, March 11, 1989.

Preliminary indications are that those few Reference Committees who need to meet will do so Saturday morning, to be followed by a General Membership Session in the mid-forenoon. The House of Delegates would then meet in the afternoon to wrap things up. Anciliary affairs such as section meetings and the like would be conducted Friday evening.

It is hoped that this abbreviated format for the Interim Meeting will allow a satisfactory resolution to the Society's affairs while imposing less of a burden on Colorado's busy physicians. Since all of the business will be conducted Saturday, weekday office hours would not have to be interrupted.

Because the meeting will be short, and the Reference Committees few in number, this will be an excellent opportunity for those interested in the operations of the Society to become directly involved in its affairs. Not all of the normal Committees will meet, but those that do can always use increased participation. (See the accompanying article by CMS Speaker of the House, Dr. Ronald Tegtmeier.) *CIM*

Interim Meeting Hotel Information

The 1989 Interim Meeting of the Colorado Medical Society is to be held at the Hyatt Regency Denver Tech Center. Here is some information provided by the hotel concerning services available.

The Southeast Airporter shuttle services the Hyatt from Stapleton International Airport. The current cost is $7 each way. A schedule is available from the hotel.

The hotel offers 500 complimentary covered and outdoor parking spaces as available. In addition, the Hyatt Regency offers complimentary shuttle service on a first come, first served basis, within a five mile radius of the hotel. They have an eight passenger van and a fifteen passenger van for this service.

At the hotel, the Hyatt Regency Tech Center offers an indoor pool, saunas, jacuzzi, exercise room, and an outdoor lighted tennis court. There is also a mileage charted trail map for running in the area. The facilities of the nearby Greenwood Athletic Club facilities are also available for a nominal fee to guests of the hotel. They include 6 Championship Racquetball/Handball Courts, Nautilus, Free Weight Room and Hydra Fitness Equipment, an indoor lap pool, two exercise studios, an indoor running track, a HealthMark Clinic and 4 Competitive Squash Courts.

Those attending the Interim Meeting must register with the Hotel individually. You must mention Colorado Medical Society to receive the group rate. Look for the Hotel Registration form elsewhere in this issue. *CIM*

OTHER MEETINGS:

• Call for Papers •

Academy of Psychomatic Medicine

Annual Meeting
Las Vegas, NV
October 26-29, 1989

Theme of conference: "Psychosomatic Medicine and Consultation—Liaison Psychiatry in a High-Technology World"

Deadline: Abstracts must be postmarked no later than March 31, 1989.

Write or call for entry form;

John Hayes, MD
Academy of
Psychsomatic Medicine
5824 N. Magnolia
Chicago, IL 60660
(312) 784-2025

Colorado Head Injury Foundation

Annual Conference
Denver, CO
June 16 and 17, 1989

Theme of conference: "Treatment, case management and research on Head Injuries"

Deadline: Abstracts must be received by February 15, 1989.

Write or call:

Lenny Hawley
CHIF Conference Committee
925 W. Kenyon, #8
Englewood, CO 80110
(303) 989-6660

American Lung Association Stop Smoking Clinics

The ALAC Freedom From Smoking program is seven weeks long with eight two hour sessions and costs $40 per person. The technique uses behavior modification and group support.

Here is a list of the clinics:

January 30-March 13
February 13-March 27
February 21-April 4*
February 27-April 10
April 10-May 22

The clinics are held on Monday nights with one Wednesday session, except for the one marked with an asterisk, which is held on Tuesdays and includes one Thursday session. To get more information call American Lung Association of Colorado at (303) 388-4327. *CIM*

Reference Committees:
Doctor! Make Your Voice Heard



*by **Ronald E. Tegtmeier, M.D.***
Speaker of the House of Delegates
Colorado Medical Society

A common complaint among physicians about organized medicine is "nobody listens to me". Unfortunately, many physicians drop out or become apathetic because they feel no one's listening to their specific concerns or problems. Many of these people end up sharing their gripes in the doctors' lounge instead of telling the people who can help them.

Colorado Medical Society is vitally interested in the individual members' (as well as non-members') concerns and problems. So... how do you get someone to listen to you? The place to start is the **Reference Committee.**

CMS Reference Committees meet each six months in conjunction with the Interim and the Annual Meeting of the House of Delegates. The committees review all activities of the Medical Society, discussing all pertinent problems and possible solutions concerning medicine. All CMS members...even non-members...are encouraged to participate in these meetings.

What is a Reference Committee? Different Reference Committees address themselves to different subjects:

Reference Committee on Board of Directors and Executive Office:

Review activities of the Board and administrative problems of the medical society.

Reference Committee on Physician/Patient Advocacy:

Reviews activities of the Council on Physician/Patient Advocacy, Medicare Advisory Committee and Workmen's Compensation Advisory Committee; Addresses physician concerns in areas of Medicare, Medicaid, third party reimbursement, etc.

Reference Committee on Legislation:

Reviews the activities of the Council on Legislation and addresses legislative concerns.

Reference Committee on Medical Service:

Reviews activities of the Council on Medical Service, Committee on Pharmacy, Emergency Medical Care Physicians Advisory Committee, Committee on Alternative Delivery Systems, Committee on Care for the Medically Indigent, Committee on Care in Correctional Institutions. The Reference Committee also considers issues pertaining to socio-economic and professional relations.

Reference Committee on Professional Education/ Community Health Issues:

Reviews activities of the Council on Professional Education, Accreditation Committee, Council on Community Health Issues, Committee on Environment, Committee on Maternal and Child Health, Committee on School Health and Sports Medicine, Committee on Health Issues of Senior Citizens. This Reference Committee is charged with review of issues relating to professional education and community health.

Reference Committee on Constitution and By Laws:

Reviews activities of the Organizational Study Committee and proposed amendments to the Constitution and/or Bylaws of the Society.

There are many additional ways to make your voice heard in organized medicine. Among them is addressing issues through your component society meetings, by talking to your component society or Colorado Medical Society officers and staff.

Colorado Medical Society policy is in large part established by the resolutions which are considered by the House of Delegates. These resolutions are nothing more than motions which are put in writing. Any member of the Medical Society is invited to participate in writing resolutions by talking with any of his/her component society delegates.

Unfortunately, for many the process of considering resolutions and solving problems within organized medicine appears to be a total mystery carried on behind locked doors, decisions made by the limited few at the top. The truth is the process is very open and members are invited to give their input on many different levels.

The bottom line is this: anyone with a problem or concern to present can call the CMS office, thereby putting the wheels in motion for a proper hearing before your peers. *C/M*

CMS 1989 Interim Meeting
Hotel Reservation Information
Hyatt Regency—Denver Tech Center

If you plan to stay overnight at the Interim Meeting, reservations should be made as soon as possible. The Hyatt will accept phone reservations with a Credit Card and reservations by mail with a one night's deposit. When calling or writing please let the hotel know that you are with the ***Colorado Medical Society*** and attending the meeting to be held March 11, 1989.

Name:_____

Address:_____

City: _____ State:_____ Zip:_____

I will arrive on: _____ I will depart on:_____
(date/time) (date/time)

(Check in time is 3:00 pm, Check out time is 12:00 noon)

Accomodations: Single:_____ Double:_____ # of persons:_____
($60.00) ($60.00)

(Sales tax of 11.8% is not included in quoted rates)

Credit Card Holder's name:_____

Type of Card:_____Card # _____ Exp.:_____

Deposit enclosed:_____

Guaranteed by Credit Card — Please fill in an American Express, Carte Blanche, Diner's Club, or Visa Number, Name, Cardholder and Expiration Date in the space provided above.

Advance Deposit — Please enclose one night's deposit when making reservation.

If you are mailing your reservation, please mail as soon as possible to:

Attention: Reservations
Hyatt Regency — Denver Tech Center
7800 Tufts Avenue
Denver, CO 80237

If you are calling in your reservation with a Credit Card, please call as soon as possible. The number (in Denver) is: (303) 779-1234.

Again, please make it clear that you are with the ***Colorado Medical Society*** so that you receive the special rate.

COLORADO MEDICAL SOCIETY

1989 INTERIM MEETING SCHEDULE

HYATT REGENCY-DTC HOTEL, MARCH 10 - 11, 1989

Friday, March 10

2:30 - 3:30 pm	**COPIC Seminar** (Surgery) FOR SPECIALTIES OF: General Surgery, Anesthesiology, Urology, Plastic, and other Surgicial Specialties
3:30 - 4:30 pm	**COPIC Seminar** (Medicine) FOR SPECIALTIES OF: Family Medicine, Internal Medicine and Sub-Specialties, Pediatrics, and Psychiatry
4:00 - 6:00 pm	**Council on Legislation** CMS Offices
6:00 - 8:00 pm	**Congress of Medical Specialties**
7:00 - 8:00 pm	**Hospital Medical Staff Business Meeting**
8:00 - 9:00 pm	Hospital Medical Staff **Guest Speaker** - ***Paul Schyve, MD, JCAHO***

Saturday, March 11

7:00 am	**REGISTRATION**
7:00 - 8:00 am	**Nominating Committee**
7:30 - 8:00 am	**Constitution/Bylaws/Credentials**
8:00 - 10:00 am	**Reference Committees** (3)
9:00 - 11:00 am	**CMSA & COPIC Agency Retirement Seminar**
10:00 - 12:00 pm	**General Membership Meeting** (including reports from the following) AMA Report: Dr. Robert E. McAfee, AMA Trustee CMS President's Report: Dr. Robert D. Hartley CMSA President's Report: Mrs. Sharon Cunningham COPIC Report: Dr. K. Mason Howard, Chairman COMPAC Report: Dr. H. R. Safford, III, Chairman Dr. Eugene Jacobsen, Dean, University of Colorado School of Medicine
12:00 - 1:30 pm	**Judicial Council**
12:00 - 1:30 pm	**Caucuses**
12:00 - 1:30 pm	**Break**
1:30 pm	**House of Delegates**



Robert D. Hartley, M.D.
President
Colorado Medical Society

University Hospital Privatization: What is Your Opinion?

WE NEED TO KNOW WHAT YOU THINK!

We have been criticized at times in hindsight for not following our members' wishes. We want to avoid that on this issue. The Governor has specifically asked for our members opinion on this issue. In addition, we will be called upon for testimony before the state legislature.

The issue is whether University Hospital should be converted to a not-for-profit corporation. There was an article detailing this proposal in the last issue of Colorado Medicine.

This proposal could have far reaching impact in many areas of health care. There are questions about the impact upon medically indigent populations, possible effects upon medical education and research and competition with private hospitals and physicians. We have been told by Chancellor Nelson that the mission of University Hospital would not change but that these changes would make them economically stronger to fulfill that mission. If this legislation passes, it will take effect July 1, 1989.

We have no time to lose on this issue. Pending legislation is being debated and passed with alarming speed because of the GAVEL amendment and the 120 day limit. We expect this proposal to be debated soon in the legislature.

Your opinion will make a difference

But you must make it known

Please take the time to make your opinion known. You may call or write CMS to let us know. You can also contact the Governor's office or your local representative. (If you do, please send us a copy of your letter so we are aware of your opinion.) This bill is being carried by House Majority Leader Chris Paulson (R-Englewood) and Senate Majority Leader Jeff Wells (R-Colorado Springs). The CMS Government Affairs Office can tell you how to contact these, or any legislators. Please let us know your opinions.

Ed. Note: HB 1143, to which Dr. Hartley refers, was passed by the House Health, Environment, Welfare and Institutions Committee on a 9-1 vote on January 25. It will now go to the House floor for debate. No one yet knows the exact impact of the GAVEL amendment and the 120 day session limit on the speed with which legislation is considered. This makes your fast participation even more imperative. C/M

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AIR FORCE

Component Sketchbook

on CMS Component Society Leadership
by Michael Thompson, CMS

Huerfano County Medical Society President Joseph H. Villalon, M.D.

The official records list **Huerfano County Medical Society** as one of the components of CMS and **Joseph H. Villalon, MD** as both its officers, President and Secretary. Dr. Villalon himself isn't so sure.

There are only two other members of Huerfano County Medical Society, Dr. Arthur B. Vialpando, a General Practitioner and friend of Dr. Villalon, and Dr. James M. Lamme, a retired General and Family Practitoner who doesn't take much of a part in the society's activities anymore.

Membership wasn't always so low, but these days Dr. Villalon says that there doesn't seem to be much interest in organized medicine in Huerfano County, a rural county in southern Colorado. Sometimes, he says, they feel more like a part of New Mexico than Colorado anyway.

The decline started a few years ago. Medicare was cutting physician reimbursement, which hurt the small town physician more than the volume practitioners in larger areas. At the same time these economic hard times hit, so did increased dues and assessments from Colorado Medical Society. Despite the fact that those days are past and the financial picture is starting to improve on both ends, rural physicians just aren't convinced of the benefits they receive for their membership dollar. The isolation, both geographic and cultural, along with the perceived financial disparities have just about killed organized medicine in Huerfano County.

Dr. Villalon admits that participation and involvement, rather than dropping out, are the answer to these problems, but it is more and more difficult each day to convince even himself that it's worth the effort. Meanwhile he just keeps plugging along, another caring health professional in a difficult situation.

Joseph H. Villalon received the Doctorate of Medicine from the Stanford University School of Medicine and served as an intern at St. Joseph's Hospital in Denver. His residency was in Wichita Kansas at the University of Kansas School of Medicine, and he has been a member of the Colorado Medical Society for 12 years. *CM*



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IF YOUR LAWYER CAN'T READ THIS, WILL HE UNDERSTAND THE WHOLE PICTURE?

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CMS Members Active and Involved

Rainer President-Elect of Society of Thoracic Surgeons

At its 24th annual Scientific Session in New Orleans, the Society of Thoracic Surgeons elected W. Gerald Rainer, M.D. as its President-Elect. With 2600 members worldwide, the Society serves as a scientific and educational forum for most heart and lung surgeons in North America and internationally. It represents thoracic surgeons in a variety of forums including political, socioeconomic, and ethical standards.

Dr. Rainer has served on numerous committees of the Society and was its Secretary for five years.

Dr. Rainer received his training in thoracic surgery at the Denver Veterans Administration Hospital and received a Master's of Science degree in surgery from the University of Colorado in 1958. He is a Clinical Professor of Surgery at the University of Colorado Health Sciences Center and active in many of the affairs of the medical school. He is also on the Board of Directors of the University of Colorado School of Nursing Center for Human Caring.

Dr. Rainer is a past President of the Colorado Medical Society, the Denver Medical Society, the Colorado Heart Association and past Vice President of the American Heart Association. He is widely recognized for his research work and has published numerous articles on thoracic surgery and related issues. *C/M*

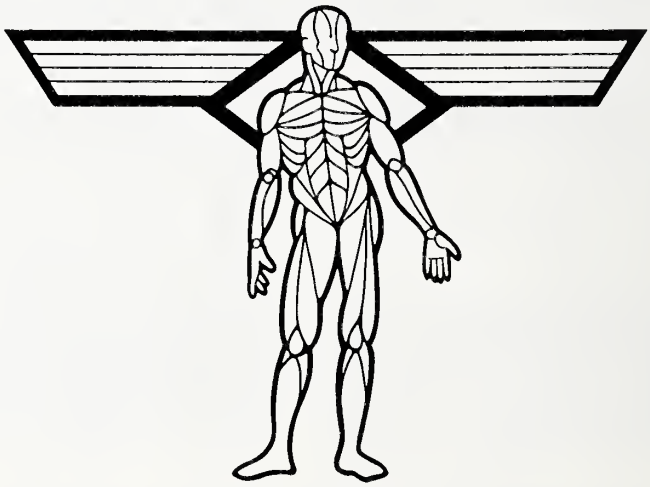
Cletcher Elected to Represent Colorado

John O. Cletcher, M.D., a 24 year member of the Colorado Medical Society has been elected by Colorado's Orthopaedic Surgeons to the Board of Counselors of the American Academy of Orthopaedic Surgeons. As such he will represent the interests of Colorado Orthopaedics at the national level.

Dr. Cletcher is the founding Chairman of the CMS Council on Physician/Patient Advocacy and President of the Colorado Orthopaedic Society. He is also President-Elect of the Rocky Mountain Chapter of the Western Orthopaedic Association, and a member of the Boulder County Medical Society.

John Cletcher was awarded the Doctorate of Medicine by the University of Illinois in 1955. He served his internship at San Diego General Hospital and was a resident at Denver General Hospital.

Dr. Cletcher says that his election to the Board of Counselors will be a benefit to Colorado Physicians, especially those concerned with Orthopaedics, since he will be able to represent their views at the American Academy. If you have any suggestions or comments concerning Dr. Cletcher's service on this board, you may contact him in Longmont at (303) 772-5300. *C/M*



Health Professional
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If you are currently a resident, or have completed a residency in one of the following specialties, you may qualify for repayment of $3,000/yr on your government guaranteed student loans, up to a total of $20,000.

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★ OTORHINOLARYNGOLOGIST
★ EMERGENCY PHYSICIAN
★ THORACIC SURGEON
★ NEUROSURGEON

You must qualify and be appointed and serve as a Medical Corps Officer in the Colorado Army National Guard. In addition to this program, there is a program to assist residents in one of the above fields with a stipends while in their last two years of residency.

PLEASE CONTACT:

CAPTAIN Michael Carlson
AMEDD Recruiting Officer
(303) 340-8841

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MEDICAL NEWS

H_2 Antagonist Prior Authorization Request

From Sandi Maloney, Physician Services Division

There appears to be some confusion regarding the H_2 Antagonist Prior Authorization Request (H_2 Antagonist PAR) Program, which became effective January 15, 1989. Most of the confusion centers around the requirements regarding new and refill prescriptions for any H_2 Antagonist.
Patients currently taking any H_2 Antagonist medication for a period of 90 days prior to January 15, 1989 will require an approved H_2 Antagonist PAR before any reimbursement can be provided for prescriptions filled or refilled after January 15, 1989.

Patients presenting a new prescription for any H_2 Antagonist medication will require an approved H_2 Antagonist PAR, if the prescription exceeds a 90-day period. The H_2 Antagonist PAR will be required on the 91st day. Reimbursement will not be allowed for units dispensed in excess of the number of units authorized on the approved H_2 Antagonist PAR, even though the date span of the authorization has not expired. If 90 units are originally authorized for a period of 90 days, payment will not be provided after 90 units are dispensed, regardless of the time period remaining on the authorization. Please review your authorized H_2 Antagonist PAR's to determine the number of units authorized. One unit of service is defined as one tablet, one capsule, or one milliliter.

The Department of Social Services, Pharmacy Section, will attempt to notify each pharmacy as to which approved H_2 Antagonist PARs are on file.

IF A SUMBITTED PHARMACY CLAIM REQUIRES AN APPROVED H_2 ANTAGONIST PAR, AND THIS FORM IS NOT ON FILE, REIMBURSEMENT WILL NOT BE PROVIDED FOR ANY OF H_2 ANTAGONISTS DISPENSED TO THE PATIENT.

If you have any questions, concerns, or require additional information about the H_2 Antagonist Program, please contact the Pharmacy Section at 866-5508. We cannot overemphasize the importance of having the approved H_2 Antagonist PAR on file to prevent delays in reimbursement. *CIM*

Group to Mark National Child Passenger Safety Awareness Week

We all want happy and healthy children. And while modern medicine has come a long way in helping to insure the health and safety of our young, we still have not conquered the problem which steals more years of productive life, causes more disabling injuries than any other single source—motor vehicle accidents. We have the technology to prevent much of the trauma and tragedy, but only persistence, leadership and commitment will make it work.

Last year in Colorado, 21 children between the ages of 0 and 14 lost their lives in automobile crashes. Approximately 950 children were admitted into the hospital, and some 27,000 seen in the emergency department for injuries related to motor vehicle crashes. Use of child safety restraints and seat belts could have prevented nearly half of those serious and fatal injuries. While buckling up is the law in Colorado, it is estimated that the misuse and nonuse of safety seats and seat belts results in almost one of every two children among the 0-14 age group riding unprotected.

February 12th - 18th marks **National Child Passenger Safety Awareness Week**. The theme for the week is, "Have A Heart...Click From The Start". As a physician, you can use this week as a special opportunity to promote awareness of the importance of the use of child safety restraints and seat belts. Better yet, use this as a starting point to encourage your patients—children and adults—to get into the safety belt habit throughout the year.

Start with the first ride home from the hospital. Encourage new parents to use approved child safety seats at all times, and to use lap/shoulder restraints when their children are large enough. Have your support staff instruct parents in the proper use of safety seats, using the "One Minute Safety Checkup" developed by the American Academy of Pediatrics. Provide them with information on the use of the devices with various makes and models of cars, especially with the newer automatic restraint equipped vehicles. Make it a point to routinely inquire about the use of safety seats and seat belts as part of regular patient visits.

If purchase of an appropriate safety seat is a problem or economically infeasible, instruct them to contact the Department of Highways Division of Highway Safety for information on loaner seat programs in your area. The Division of Highway Safety also has a variety of posters, educational materials and literature which can be used in your waiting room available at little or no cost.

Even if you don't routinely see children in your medical practice you can help make sure that they will acquire the safety belt habit. A recent survey by the Louis Harris organization for the American Coalition for Traffic Safety (ACTS) revealed that "Mom and Dad" are still the most influential individuals in getting children to buckle up—more than rock stars, cartoon characters or sports heroes! And while you're encouraging the parents to make sure their children are protected, insist that they buckle up as well. The same Harris survey found that a large majority of children—68%—worry, "a lot" about parents being hurt or killed in auto crashes.

Habits which begin early in life tend to persist through the teenage years and into adulthood. We stand to raise a generation of children for whom safety belt use is a habit, and one that will,

with your reinforcement and support, last a long and healthy lifetime.

For additional information and resources on safety restraints and **"National Child Passenger Safety Awareness Week"** contact the Colorado Seat Belt Network, 756-6111 (800/445-8166) or the Colorado Division of Highway Safety, 757-9437. *C/M*

Hall of Life to Host Drug Abuse Prevention Program

from Phyllis Gervais, Red Rocks Community College

In support of Governor Romer's "Communities for a Drug Free Colorado" Red Rocks Community College will hold a Substance Abuse Prevention Program for Day Care Home Providers, Child Care Center Personnel and interested parents. This will be held February 21, from 7:00 to 10:00 pm at the Hall of Life in the Denver Museum of Natural History.

The three hour program will feature information on early warning signs of substance abuse, activities to prepare children for a healthy life, making proper referrals, care giver responsibilities, factors contributing to abuse, locating appropriate resources, and parent responsibilities.

The program is made possible by a grant from the Alcohol and Drug Abuse Division of the Colorado Health Department and will carry a $5 materials fee. Call (303) 969-9500 for more details or to reserve a space.

If you would like more information on programs offered by the Hall of Life, Denver Museum of Natural History, call 370-6423 *C/M*

CHAMPUS to share some HMO costs

CHAMPUS-eligible persons who also have medical care coverage through a health maintenance organization (HMO) may be able to have CHAMPUS cost-share some expenses under limited circumstances.

Here are the conditions under which CHAMPUS cost-sharing may be available to eligible people who receive care from HMO affiliated hospitals or individual providers of care:

- The service must be a benefit under CHAMPUS, and must be medically necessary.
- Service is not covered by the HMO, or the HMO covers it but places a limit on how much it will pay for the service. Where the HMO limits how much it will pay, CHAMPUS will reimburse only for that portion of the charge which the HMO does not cover. This includes emergency services received outside the HMO's normal service area. CHAMPUS may also cost-share a covered service if it is not available through the HMO.
- The amount billed to CHAMPUS must not be a user's fee. A user's fee is an amount which the patient must pay every time he or she receives services from the HMO. User's fees also include the amounts which the HMO members are expected to pay for prescriptions.
- Amounts billed to CHAMPUS which vary depending on the services rendered (such as a requirement that the patient pay a percentage of the charges, or that the patient pay all charges over a certain amount) are not considered user's fees. CHAMPUS will cost-share these amounts.
- Deductible amounts are not considered to be user's fees. They will also be reimbursed by CHAMPUS, assuming all other listed conditions are met.

Except for the emergency services mentioned earlier, CHAMPUS will not share the cost of services which are available through an HMO to its members if for any reason the member gets the services outside the HMO. So, if the HMO would normally cover the services but denies payment because it could have provided the services (for example, psychiatric services which the member obtained outside the HMO because he or she didn't like the HMO's psychiatrist), CHAMPUS will not pay any amount on the claim.

The HMO's individual health care providers and institutions must meet CHAMPUS's certification standards in order for the care they give to be cost-shared by CHAMPUS. *C/M*

Steffen to Teach on Ethics in Graduate School

Former CMS Board Member Grant Steffen, M.D., will teach **Ethics in Health and Medicine** in University College's Health Care Organization and Systems Division. University College is the graduate school for adult working professionals at the University of Denver. The course, to begin February 9, will deal with such topics as access to health care, finance, quality ,living wills and, technology.

Dr. Steffen is Associate Director of Peer Review for the Colorado Foundation for Medical Care and past Chairman of the Swedish Medical Center Ethics Committee, and has recently completed a M.A. in Philosophy with a focus in bio-medical ethics. He was past President of the combined medical staff at Porter Memorial Hospital and Swedish Medical Center. He is currently Medical Director of the Arapahoe Independent Practice Association and a private practitioner with 30 years of professional and administrative experience. *C/M*

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IMMEDIATE OPENING for General Surgeon in rural Nebraska. BC or BE. Must be licensed in NE. Excellent benefits. Great Hunting and Fishing. Send CV to Wallace & Panzer, MD, PC, 807 N. Ash, Gordon, NE 69343, (308)282-1164. 12/81588

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FAMILY PRACTICE OPPORTUNITY: Busy, comprehensive FAMILY PRACTICE in growing community seeks 3rd partner. Good salary and benefits. Close to Denver and Colo. Springs. Contact Dr. Richard F. Pebler or Debra Olesen (719) 775-2367. 6/120188

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PROFESSIONAL OPPORTUNITIES

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February 15, 1989 Volum , Number

IMPORTANT CHANGES IN INTERIM MEETING LOCATION. SEE RESUME AND SCHEDULE.

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Justina L. Ford, M.D.

1871-1952

Pushing Back the Frontiers

Colorado Medical Society
1989 Interim Meeting Schedule
Hyatt Regency-DTC Hotel, March 10 - 11 — Sheraton Hotel - DTC, March 11, 1989

Friday, March 10 - Hyatt Regency - DTC

2:30 - 3:30 pm	**COPIC Seminar** (Surgery) FOR SPECIALTIES OF: General Surgery, Anesthesiology, Urology, Plastic, and other Surgicial Specialties
3:30 - 4:30 pm	**COPIC Seminar** (Medicine) FOR SPECIALTIES OF: Family Medicine, Internal Medicine and Sub-Specialties, Pediatrics, and Psychiatry
7:00 - 8:00 pm	**Hospital Medical Staff Business Meeting**
8:00 - 9:00 pm	Hospital Medical Staff **Guest Speaker** - ***Paul Schyve, MD, JCAHO***

Friday, March 10 - Colorado Medical Society Offices - 5575 DTC Parkway, Suite 240

4:00 - 6:00 pm	**Council on Legislation**
6:00 - 8:00 pm	**Congress of Medical Specialties**

Saturday, March 11 - Hyatt Regency - DTC

7:00 am	**REGISTRATION**
7:00 - 8:00 am	**Nominating Committee**
7:30 - 8:00 am	**Constitution/Bylaws/Credentials**
8:00 - 10:00 am	**Reference Committees** (3)
*9:00 - 11:00 am	**CMSA & COPIC Agency Retirement Seminar**
10:00 - 12:00 pm	**House of Delegates/General Membership Meeting** (including reports from the following) AMA Report: Dr. Robert E. McAfee, AMA Trustee CMS President's Report: Dr. Robert D. Hartley CMSA President's Report: Mrs. Sharon Cunningham COPIC Report: Dr. K. Mason Howard, Chairman COMPAC Report: Dr. H. R. Safford, III, Chairman Dr. Eugene Jacobsen, Dean, University of Colorado School of Medicine
12:00 - 1:30 pm	**Judicial Council—Caucuses—Break**

Saturday, March 11 - Sheraton Hotel - DTC

12:30 pm	**REGISTRATION** (until conclusion of House of Delegates)
2:00 pm	**House of Delegates**

* When a physician talks retirement....we're talking major complications...

- Will you control your life, or let retirement control you?
- What roles will you and your spouse play?
- How does one measure success and maintain one's high self esteem, absent daily support from one's professional peers?
- Can work-a-holics become leisure-holics and should they?
- Is it timely to start a new career?
- How can I use yesterday's investments for today's living?
- Should I become computer literate and publish my memoirs or maybe manage my money with the computer?
- How much is my practice worth...How do I get out...What responsibilities do I have to my partners? To my patients?

The **Colorado Medical Society Auxiliary** and **COPIC Agency** encourage you to take control...Come to their Retirement Seminar on Saturday, March 11, from 9:00 to 11:00 am during the CMS 1989 Interim Meeting at the Hyatt Regency-Denver Tech Center.

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by William S. Pierson, CMS Director of Communications

Photo Credit (cover, p. 60) courtesy Denver Public Library-Western History Section

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• SHARE Conference to highlight professional perspectives. National organization recognizes needs of parents who have experienced the death of a baby.

• AMA Guidelines for Counseling HIV Blood Test Patients. "Guideline" booklet now available to physicians.

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Thomas Balkany, M.D., Chairman, Legislative Council

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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 5575 DTC Parkway, Suite 240, Englewood, CO 80111. Telephone (303) 779-5455. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550. Adddress all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.

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Harold F. Frye, Executive Editor. William S. Pierson, Managing Editor. Michael Thompson, Ass't. Managing Editor

Dr. Justina Ford

Honored as First Black Female Physician in Colorado

Home and Office Dedicated as Medical and Minority Memorial



Home and office of Dr. Justina Ford, originally located at 2335 Arapahoe Street, now restored and located at 3091 California Street, Denver. (Inset and cover photograph, Dr. Ford circa 1935) Photos courtesy Denver Public Library Western History Section.

The late Justina Laurena Ford, M.D., the first black female physician in Colorado and reputedly the second in the United States, was recently honored with the dedication of her renovated home and office as a memorial to her and to other pioneer minority and female physicians.

Ceremonies on September 24, 1988, culminated the move and restoration of Dr. Ford's residence and office. The two-story house was moved from its original location at 2335 Arapahoe Street to its permanent new location at 3091 California Street, in the Curtis Park area of northeast Denver. The house was about to be demolished in 1983 to make way for commercial development. However, through the efforts of concerned citizens, Denver City Councilman Hiawatha Davis and Historic Denver, Incorporated, the house was saved and moved to its new location. Contributions from interested citizens and foundations made the restoration possible for the Black American West Museum and Heritage Center. The Ford home is now the permanent quarters of the Black American West Museum. The museum curator and Executive Director is Mr. Paul Stuart. Mr. Stuart has done a lifelong study of Black Western History and Heritage.

Dr. Ford was born January 22, 1871, in Knoxville, Ill., and grew up in Galesburg, Ill. She graduated with a degree in medicine from the Hering Medical School, Chicago, Ill., in 1899. Following graduation from medical school, Dr. Ford was physician for a state college in Normal, Ala. for two years before moving to Denver in 1902. Licensed to practice medicine in Colorado on October 7, 1898, (Colorado License #3800), Dr. Ford established what was to become a long and notable practice in Denver, specializing in gynecology, obstetrics and pediatrics. She is said to have explained that she came to Denver because it was still "something of a pioneer town." At the time she established her practice in Denver, Dr. Ford was one of only five black physicians in Colorado and of only a handful of female physicians ever to have practiced in the state.

According to information available, when Dr. Ford applied for her Colorado medical license, the licensing examiner told her: "I feel dishonest taking a fee from you. You've got two strikes against you to begin with. First, you're a lady, and second, you're colored." Regarding those obstacles, in an interview many years later Dr. Ford recalled that she "fought like a tiger against the barriers of race and sex." Among the barriers faced by Dr. Ford was the fact that she was not accepted into membership by the Denver Medical Society, the Colorado Medical Society or the American Medical Association until very late in her life. Dr. Ford was elected to the Denver and Colorado Medical Society on January 12, 1950.

In a 1949 letter to the Denver Medical Society (again seeking membership), Dr. Ford stated that to many of her patients, "socialized medicine might be particularly attractive -- I need recognition in the medical society for personal help and to help you preserve the present system." She added that "it has required patience and fortitude to endure as I have from 1902 to 1949."

Endure she did. During her long and distinguished practice in Denver, Justina Ford delivered more than 7,000 babies. She cared for persons of "all classess and races," especially those among the low income groups. Because she was not granted hospital privileges for some years, Dr. Ford established a notably successful practice of home deliveries. There were many critics of her home deliveries, to which Dr. Ford replied that the babies "were probably conceived at home, and have nowhere else to be born but at home."

The Colorado Medical Society Board of Directors has proposed to the House of Delegates that Dr. Justina L. Ford be recognized at the Society's 118th Interim Meeting (March 10 - 11, 1989) as a ***"Medical Pioneer of Colorado"***. *CIM*

The Black American West Museum and Heritage Center is open from 10:00 a.m. to 2:00 p. m., Wednesday, Thursday and Friday, 12:00 Noon to 5:00 p. m. Saturday, and 2:00 to 5:00 p. m. on Sunday. Admission is $2.00 for adults and $ .50 for children under 12

JCAHO Official to Speak to CMS HMSS at Interim Meeting

Paul M. Schyve, M.D., Director of the Department of Standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), will speak to the Hospital Medical Staff Section of Colorado Medical Society on Friday evening, March 10, 1989. Dr. Schyve will describe and update the rationale, goals and current status of the Joint Commission's "Agenda for Change" program, which has seen mixed reviews from the medical community.

While federal agencies and state and local accrediting bodies have lauded the Commission's activities, organizations such as the AMA-HMSS and *The Wall Street Journal* have questioned the program. The Journal spent three months investigating the organization and concluded that it did a poor job of policing hospitals and allowed substandard facilities to remain open even when they endangered patients. The article said hundreds of hospitals with serious deficiencies might be shielded by their accreditation status, according to a report in *American Medical News* of January 6, 1989.

Dr. Schyve defended the program, saying "The concepts embodied in the Agenda for Change project—to make the accreditation process as relevant as possible to the actual quality of patient care and to help the organization use information to better improve the care it provides—have influenced even the ongoing standards revisions activity.

"This is reflected particularly in the standards concerning the monitoring and evaluation of care, the medical staff involvement in risk-management activities, and in the approach to plant technology and safety management in the new standards," he said. Dr. Schyve has said that three of the four task forces working as part of the Agenda for Change have developed indicators that will eventually be used to make the survey process more patient oriented.



Paul M. Schyve received his Doctorate of Medicine from the University of Rochester in New York. He served as an intern at the Rochester General Hospital and as a Resident in Psychiatry at the University of Rochester where he had been named Phi Beta Kappa as an Undergraduate and Merit Scholar during his medical school days.

Dr. Schyve is a diplomate of the National Board of Medical Examiners and the American Board of Psychiatry and Neurology and has served as Instructor and United States Public Health Service Fellow in Psychiatry at the University of Rochester School of Medicine and Dentistry, as a Research Associate and Assistant Professor of Psychiatry in the Department of Psychiatry of the Pritzker School of Medicine at the University of Chicago. He currently serves as a Clinical Assistant Professor of Psychiatry at that school in addition to his duties at the Joint Commission.

Dr. Schyve was awarded the Meritorious Service Medal by direction of the President of the United States for his service as Chief of Psychiatric Services of the United States Air Force Regional Hospital in Adana Turkey. He was also a USAF Regional Medical Consultant in Psychiatry in the Middle East and served as Medical Center Staff Psychiatrist of Wright Patterson Air Force Base Medical Center. Dr. Schyve has been Unit Chief, Associate Director of Laboratory of Biological Psychiatry, Clinical Director, Acting Director and Director of the Illinois State Psychiatric Institute in Chicago, Attending and Scientific Staff Member of the Department of Psychiatry at the Michael Reese Hospital and Medical Center in Chicago. Dr. Schyve served with the Illinois Department of Mental Health and Developmental Disabilities as Acting Associate Director and Associate Director of the Division of Mental Illness, Clinical Director, and Acting Director before joining the JCAHO as Director of Standards Development and later Director of the Department of Standards.

In addition, Dr. Schyve has served on many committees and charitable foundations and held several state and local medical society offices in the Chicago area.

Dr. Schyve will speak from 8:00 to 9:00 pm March 10 in the auditorium of the Hyatt Regency-DTC, 7800 Tufts Avenue and will take questions after his presentation. For more information contact CMS Director of Professional Education and Special Programs, Sharon Ponder at (303) 779-5455 or 1-800-654-5653, extension 306. *CM*

Colorado Action for Healthy People: Coming Alive—An Exercise Challenge

Colorado Action for Healthy People (CAHP) recently implemented the Health Promotion Resource Center at Stanford University's exercise program, "Coming Alive" in 15 Colorado businesses. Coming Alive is a worksite exercise challenge that lasts 10 weeks and is designed to get people exercising regularly. CAHP sponsors this program to help people reduce their risk of heart disease.

In Colorado 3,216 employees participated (the initial target was 900) and accumulated 3,910,345 aerobic minutes. Companies competed against one another and winners were determined by the percentage of employees that entered the contest and the amount of aerobic exercise accumulated by participants. First Place was awarded to the City of Commerce City, Second to Great-West Life Assurance Company and Third to Fort Logan Mental Health Center, a state agency.

The four goals of Coming alive are:

√ To help non-exercisers begin a program of regular physical activity

√ To reinforce safe, enjoyable exercise habits in people who already exercise

√ To provide social support for exercise

√ To promote maintenance of regular physical exercise

All participants were eligible for prizes and received a T-shirt halfway through the contest if they were still exercising. Following the ten weeks, all companies received a plaque congratulating them on their contribution to employee wellness.

The response to Coming Alive was overwhelming. The participants and worksite coordinators are very enthusiastic about the program and want to participate again. After all, exercise may help reduce stress, lower blood pressure and cholesterol levels, increase productivity and improve overall well-being and what employer wouldn't want that?

For more information contact:
Colorado Action for Healthy People
4210 East 11th Avenue
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MEDICAL NEWS

SHARE Conference to Highlight Professional Perspectives

Rocky Mountain SHARE (a Source of Help in Airing and Resolving Experiences) will sponsor a conference on Miscarriage, Stillborn and Infant Death, March 31, 1989 at the Writer's Manor in Denver. Colorado Medical Society is a co-sponsor of this event, which will feature "Professional Perspectives" on these topics.

SHARE is a national organization created by parents who have experienced the death of a baby. SHARE meetings provide a positive, accepting environment where parents can discuss their feelings with others who have had a similar experience. The conference is designed to bring into perspective the immediate needs of a grieving parent following a loss of a pregnancy or death of an infant and the need for professionals involved to develop a greater degree of comfort and ease as they offer assistance. It also seeks to help professionals to acknowledge their own grief process and to develop skills in grief resolution.

The program will feature presentations by Ronald Chez, MD, a Maternal Fetal Medicine Specialist who is Professor and Vice Chair of the Department of Obstetrics and Gynecology at University Hospital in Newark, New Jersey, Marcia E. Lattanzi, RN, MA, Consultant, Educator and Psychotherapist with Comprehensive Psychological Services in Boulder, Colorado and John Horan, BS, Funeral Director of Horan-McConaty's Family Mortuaries in Denver and a Board Member of the Grief Education Institute. Also included are a Professional Panel and a Parent Panel for discussions.

The conference will run from 7:30 am to 5:00 pm. The fee for Allied and Health Professionals is $40, for Residents and Students, $35 and for Physicians, $55. Certain deadlines are in effect, so registration should be made as soon as possible.

The Rocky Mountain SHARE Conference is sponsored by the Humana Hospital-Mountain View Women's Center, Mead Johnson Nutritional Division and SHARE Grief Support Groups of Denver. The Grief Education Institute of Denver is a Supporting Agency, and Colorado Medical Society is a con-sponsor. The Conference has been approved for 8 hours of CME credit by the Colorado Nurses Association and for Category I credit for Physicians. For more details or a Registration form, call (303) 450-4520. *CIM*

Walking Doctors Directory

Here's an interesting note for the physician who walks or promotes walking as an exercise. The publishers of *Walking World* are assembling a directory of such physicians to be published by McGraw-Hill in 1990.

The drive to publish this directory is being spearheaded by walking authority Gary Yanker, who says, "Our goal is to provide walkers from across the United States with a network of doctors and health professionals who are sympathetic to wakers' needs because they are themselves walkers."

The guide is to include health professionals in the fields of cardiology, nutrition, exercise physiology and training, physical therapy, orthopaedics, psychology, rheumatology, geriatrics and podiatry who walk and/or prescribe walking to their patients as a preventative, rehabilitative, and therapeutic exercise.

There is nothing required for you to be listed in this directory, say organizers, other than to send your CV to Walking Doctors Directory, c/o *Walking World*, PO Box K, Gracie Station, New York, NY 10028, or call (212) 879-5794 and leave your name address and phone number. They would like you to note at the top of your CV how many miles you personally walk per week. Clients asking about the program will be referred to a walking physician in their area. Other information on walking programs and clinics is also available from *Walking World* at PO Box 509 of the same address as above. *CIM*

AMA publishes Guidelines for Counseling HIV Blood Test Patients

Physicians face patients concerned about HIV antibody testing more and more often these days. To help them cope with this relatively new role, the AMA and a panel of experts have compiled *HIV Blood Test Counseling: AMA Physician Guidelines*, a brief but comprehensive review of the topic. It originally appeared in the December 9 issue of *American Medical News*, but is now published in booklet form for the physician's use.

CMS Director of Health Care Policy, Ellen Stein has reviewed the booklet and found it helpful. she may be contacted at (303) 779-5455 or 1-800-654-5653 for more information. The booklets may be order ed for $2 each (minimum order of 5 copies) by sending a check to American Medical Association, Division of Health Science, 535 N. Dearborn, Chicago, IL 60610. *CIM*

the lobby

Thomas Balkany, MD, Chairman
Council on Legislation
and
Carol Tempest, Director
Government Affairs Division



The first legislative deadline has come and gone with all bills, except a few with late permission, introduced by February 1. Now all bills must be heard by committee in the first house by February 17. A total of 559 bills have been introduced, 46 of which have already been killed. As feared the new laws passed in November have very much changed the general atmosphere in the capital - legislators and their staff are tired and tense from too long hours, committee chairman are frustrated, and testimony in committees is less than complete. In short the new laws appear to be making the system far less responsive. Hopefully the flaws will be worked out this year, and the 1990 session will prove the voters correct.

SB 122, the professional peer review bill by Senator Wham (R), Denver, was passed in amended form by the Senate HEWI committee and sent to the Appropriations committee. There remains some question as to the necessity for it; but if it produces an increased comfort level for physicians asked to take part in the peer review process, it is well worth it.

Another bill of great importance to the medical community is **SB 1143, concerning the reorganization of University Hospital** by Representative Paulson (R), Englewood. It would privatize the hospital but allow the physicians to remain as state employees. It is hoped it would very much help the hospital's financial condition and thus the viability of the entire medical center and campus.

". . .who would be providing medically indigent care?"

The major fear expressed by other hospitals and by the governor's office is who would be providing medically indigent care. Your thoughts on this bill would be very much appreciated by CMS - and don't hesitate to call for more information.

Bills that have already been acted upon by one chamber of the legislature are:

SB 29 , Concerning Treatment of a Child Which is Based on Religious, Spiritual, or Personal Beliefs - Senator Owens (R), Aurora. The criminal sanctions were removed from this bill in committee after dramatic tetimony from various religious sects.

SB 47, Concerning Unprofessional Conduct of Physicians in Relation to Controlled Substances - Senator McCormick (R), Canon City. This bill was amended by its sponsor to allow only Schedule V controlled substances to be prescribed by a physician to family members. We will be working with the House sponsor on a further amendment to define an emergency situation, which would protect especially a rural physician.

HB 1001, Concerning Mandatory Insurance Coverage for Screening Mammography - Representative Taylor-Little (R), Arvada. An attempt was made to limit this bill to businesses with over 15 employees but was unsuccessful. The major amendment is to require physician referral, but there will be subsequent attempts to add further controls.

HB 1036, Concerning Right of Persons to Reject Artificial Nourishment Through Medical Procedure or Intervention - Representative Anderson (R), Lakewood. Despite emotional testimony and lobbying, this bill was passed with a decisive margin (58/7) in the House.

HB 1058, Concerning Application of the Governmental Immunity Act to Services Provided by Health Care Practitioners and Health Care Facilities Under Governmental Assistance Programs - Rep Irwin (R) Loveland. This bill barely passed in committee and was killed on the floor of the House.

continued on page 65
(following Resumé)

Bills that have been passed by committee in one house are as follows:

SB 93, Damages in Civil Actions Maintained Nothwithstanding the Death of a Party - Senator Wells (R) Colorado Springs. This is the perennial wrongful death bill that has been rejected many times by Colorado's legislature. It has unusually strong sponsors this year, and the insurance industry is at least cooperating with them. The bill will probably have a more difficult time in the House than in the Senate.

SB 128, Requirements for Insurance Policies that are Covered by the "Colorado Auto Accident Reparations Act" - Senator Trujillo (D) Pueblo. The concept of a relative value scale established by the insurance commissioner in automobile accident reparations was introduced in HB 1138 which was defeated. It reappeared as an amendment to this bill and will probably be added to a third bill.

HB 1183, Unprofessional Activities by Certain Health Care Professionals Which Relate to a Patient's Care, Records, and Billings - Representative Bond (D), Greeley. This is a well-intentioned bill to control over-treatment and is aimed primarily at certain of the state's chiropractors. Despite many changes and total cooperation of its sponsors, the bill remains frightening.

Other bills of interest that, as of this writing, have not been considered in committee address establishment of a trauma system, an Alzheimer's disease registry, extension of the mandatory safety belt law, insurance for the uninsurable, protection for the physician treating the public supported patient, mandatory motorcycle helmets and insurance, creditor claims on pension funds, and numerous workers compensation approaches. More will be written about these bills in the next of these articles.

Thanks to those of you who have testified at the capitol, who have indicated your desire to help in any way and who continue to keep track of your own legislators. Please let us know how we can help you. Call the CMS Government Affairs Office at (303) 779-5455 or 1-800-654-5653. *C/M*

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COPIC COMMENT

12:01 A.M....But, Check That Date!

Please Remember that when the time comes for you to request cancellation of your COPIC professional liability policy it becomes effective at **12:01 a.m.** on your requested cancellation date. Policy effective time is likewise 12:01 a.m. (and that is true for most insurance policies.)

In other words, if you request cancellation of your policy effective 2/1/89, the cancellation would be effective as of 12:01 a.m. on 2/1/89. If 2/1/89 is the last day of practice you would want to request cancellation of your policy effective 2/2/89.

Please keep this in mind when requesting cancellation of your COPIC policy and be sure that you request the appropriate cancellation date so that you are adequately covered **through** your last day of practice.

Mary Hedin, Manager
Policyholder Services

COPIC's 1989-90 Risk Management Seminar Program

In past years, COPIC's Risk Management Department primarily conducted **General** Risk Management Seminars throughout the State. Most of these were scheduled at the request of a hospital staff or county society.

During 1988, a few specialty-oriented seminars were conducted. These were very successful and exceedingly well attended. Therefore, in 1989 and 1990, **specialty seminars** will be the primary basis of COPIC's Risk Management Program. "EN" (eligibility number) credit will be given for these seminars. COPIC will continue to provide General Risk Management Seminars during the next two years, but these will be primarily for physicians who have not attended a general seminar before, and for those who began their COPIC insurance within the past two years.

During 1989 and 1990 two (2) "EN" credits will be given for attending any one (1) COPIC-sponsored Risk Management Seminar between January 1989 and December 1990.

Every effort should be made by newly insured physicians (during the first two years) to attend a General Seminar if they have not done so. Every effort should be made by physicians who have attended a General Seminar in the past to attend a seminar directed toward their specialty.

Seminars Scheduled During CMS Interim Session
Friday, March 10, 1989—Hyatt Regency Hotel, Tech Center—Room As Posted

2:30 P.M. — **Surgery**.....Robert S.Brittain, M.D.
For Specialties of: General Surgery, Anesthesiology, Urology, Plastic and other surgical specialties.

3:30 P.M. — **Medicine**.....George O. Thomasson, M.D.
For Specialties of: Family Medicine, Internal Medicine and sub specialties, Pediatrics, and Psychiatry.

(A more extensive schedule of future seminars appears in the bimonthly issues of COPISCOPE.)

New Rules Require Diagnostic Codes on All Medicare Claims

from Sandi Maloney,
Director, Physician Services

A last minute provision added to the catastrophic care bill mandates that physicians must use diagnostic codes on all Medicare claim forms filed after April 1, 1989.

Claims that do not include a diagnosis code after that date will be rejected, and physicians who repeatedly fail to provide diagnosis codes will be subject to fines up to $2,000.

Thus far, HCFA officials have not decided exactly what they will do with the information. They explain that they currently are busy adjusting to other changes made under the new law that require immediate implementation, and that the code requirements may not be operational until April.

A point that is clearly spelled out is the consequences of noncompliance. The law states that the Health and Human Services Secretary "would be authorized to deny payment on assigned claims if the required diagnostic information is not provided. In the case of non-assigned claims, if a physician knowingly and willfully fails to respond to a request by a carrier to provide required information not initially included, the physician could be subject to civil money penalties of up to $2,000."

If your office does not have a set of the ICD-9-CM Books, we recommend that a copy be obtained as soon as possible. These books may be ordered from the U.S. Government Printing Office, the University of Colorado Health Sciences Center Book Store, or you may contact your local book store.

If you have any questions please contact the Physician Services Division at the Colorado Medical Society. Watch *Colorado Medicine* for further updates. *CM*

Medicare PPO Demonstration Models Announced by HCFA

by ***Robert D. McCartney, M.D.,***
Chairman
Medicare Committee

Chief of the Health Care Financing Authority (HCFA), **William Roper M.D.,** announced on January 13, 1989 the five demonstration sites for Medicare PPO's. The PPO's are proposed as a means to control the overall expenditures within the Medicare program. The five sites are

- Blue Cross/Blue Shield of Arizona, Phoenix
- Healthlink, St. Louis
- CareMark, Portland
- Family Health Plan, Minneapolis
- CAPP Care, Orange County

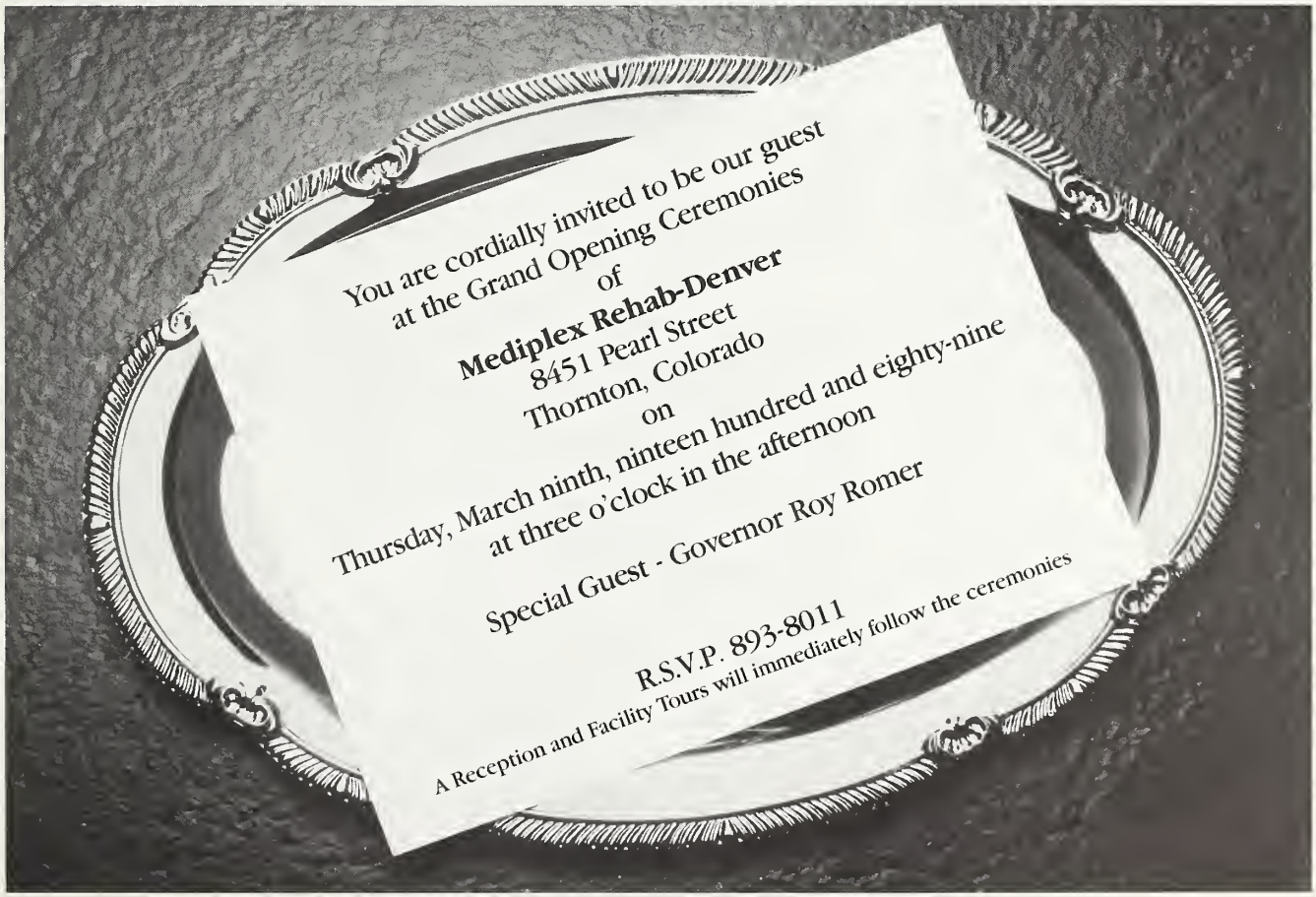
In each area beneficiaries will be given the option of participating in the PPO. The option will be marketed to purchasers of supplemental policies, employers with retired populations, and individuals.

The participating physicians will be the existing members of the PPOs who, in the opinion of HCFA, have demonstrated a history of providing only necessary and appropriate care and a willingness to participate in a rigorous level of utilization review.

The various models vary in their offered options, but include agreements to not balance bill, assistance with claims processing, fixed rather than percentile copayments, waived Part B deductibles, reduced surgical copayments, membership in a Seniors club that provides free health screening services, and variable copayment, depending on whether a PPO physician is used or not.

HCFA will gather data on the performance of the five demonstration sites. Should they be favorable in containing the expenditures of Medicare dollars, a proposal for wider adoption may be made to Congress.

Ed. Note: As regular readers of ***Colorado Medicine*** *will remember, Colorado was under consideration to be one of the five sites, but was not among those finally selected.* CIM



MEDICO-LEGAL NEWS

Prepared for the Board of Directors and members of the Colorado Medical Society by the legal firm of **Montgomery Little Young Campbell & McGrew,** *counsel to the CMS. This column is not legal advice, but is for general information only. For help with specific problems, readers should consult an attorney.*

Pretreatment Arbitration Agreement:

If you haven't done it right, you haven't done it at all!

by Catherine M. Meyer, Esq., of Montgomery Little Young Campbell & McGrew, P.C.
Ms. Meyer is an associate specializing in health care law and medical malpractice defense.

If you want to avoid court by using the alternative route of pretreatment arbitration agreements, plan your course carefully or you might end up right where you began.

Historically, courts viewed agreements to arbitrate with caution because both parties gave up a very important right: the right to a trial by jury. The courts generally favor arbitration, but they are more wary in the medical context because of the danger that the agreement might be foisted upon an unwilling patient. The law says that if one party has no real choice because of the other party's strength or bargaining position, the courts will declare the agreement unconscionable or against public policy and refuse to enforce it.

The Colorado legislature has now codified and blessed the idea of arbitration with some safeguards. Arbitration agreements are not against public policy, but they must be truly voluntary. *C.R.S. 13-64-403*. For example, your insurer cannot require you to use an arbitration agreement as a condition of insurance because that's a violation of the Unfair Insurance Practice Act and would subject the carrier to penalties. *C.R.S. 13-64-403 (1)*. Physicians cannot refuse to treat solely because a patient because of the patient's refusal to sign. *C.R.S.13-64-403(8)*. Forcing a patient to sign is unprofessional conduct subject to disciplinary action under the Medical Practice Act. *See C.R.S.13-64-403(9)*. The law gives patients 90 days to change their minds. *C.R.S.13-64-403(3)*. If they sign in contemplation of hospitalization the 90 days runs from the date of discharge. Id. There is a notice provision which must be printed in at least 10-point, bold-face type. That notice reads:

NOTE: BY SIGNING THIS AGREEMENT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL BINDING ARBITRATION RATHER THAN BY A JURY OR COURT TRIAL.

YOU HAVE THE RIGHT TO SEEK LEGAL COUNSEL AND YOU HAVE THE RIGHT TO RESCIND THIS AGREEMENT WITHIN NINETY DAYS FROM THE DATE OF SIGNATURE BY BOTH PARTIES UNLESS THE AGREEMENT WAS SIGNED IN CONTEMPLATION OF HOSPITALIZATION IN WHICH CASE YOU HAVE NINETY DAYS AFTER DISCHARGE OR RELEASE FROM THE HOSPITAL TO RESCIND THE AGREEMENT.

NO HEALTH CARE PROVIDER SHALL WITHHOLD THE PROVISION OF EMERGENCY MEDICAL SERVICES TO ANY PERSON BCAUSE OF THAT PERSON'S FAILURE OR REFUSAL TO SIGN AN AGREEMENT CONTAINING A PROVISION FOR BINDING ARBITRATION OF ANY DISPUTE ARISING AS TO PROFESSIONAL NEGLIGENCE OF THE PROVIDER.

NO HEALTH CARE PROVIDER SHALL REFUSE TO PROVIDE MEDICAL CARE SERVICES TO ANY PATIENT SOLELY BECAUSE SUCH PATIENT REFUSED TO SIGN SUCH AN AGREEMENT OR EXERCISED THE NINETY-DAY RIGHT OF RESCISSION.

C. R. S. 13-64-403(4).

(Continued on following page)

MEDICO-LEGAL NEWS
(Continued)

The arbitration agreement is no good if it does not comply with the statute, if it was induced by fraud, or it disregards the patient's right to refuse. You can't ask a patient sign who isn't able to understand the agreement because of language difficulties or physical or mental condition. *C.R.S.13-64-403(10) and (11).* These are the same things you should pay attention to when you obtain informed consent forms.

Once the parties agree to arbitrate, the process is then governed by the Uniform Arbitration Act, *C.R.S.13-22-201, et seq.* If one party tries to sue in court, the other party may obtain a court order requiring the case to be arbitrated. *C.R.S.13-22-204.* At the arbitration hearing, both parties have the right to be represented by an attorney, to be heard, to present evidence and to cross-examine witnesses. *C.R.S.13-22-207 and 208.* Discovery in arbitration is more simplified than it is in a civil case.

The arbitrators' decision (called an "award"), must be confirmed by the court and once confirmed, may be enforced as any other judgement. *C.R.S.13-22-213 and 216.*

The only grounds for challenging the arbitrators' award in court are:

1. It was obtained by corruption or fraud,
2. An arbitrator was obviously partial to the other side,
3. The arbitrators exceeded their powers,
4. The arbitrators refused to postpone a hearing that should have been postponed, or
5. The arbitration agreement was void for some reason.

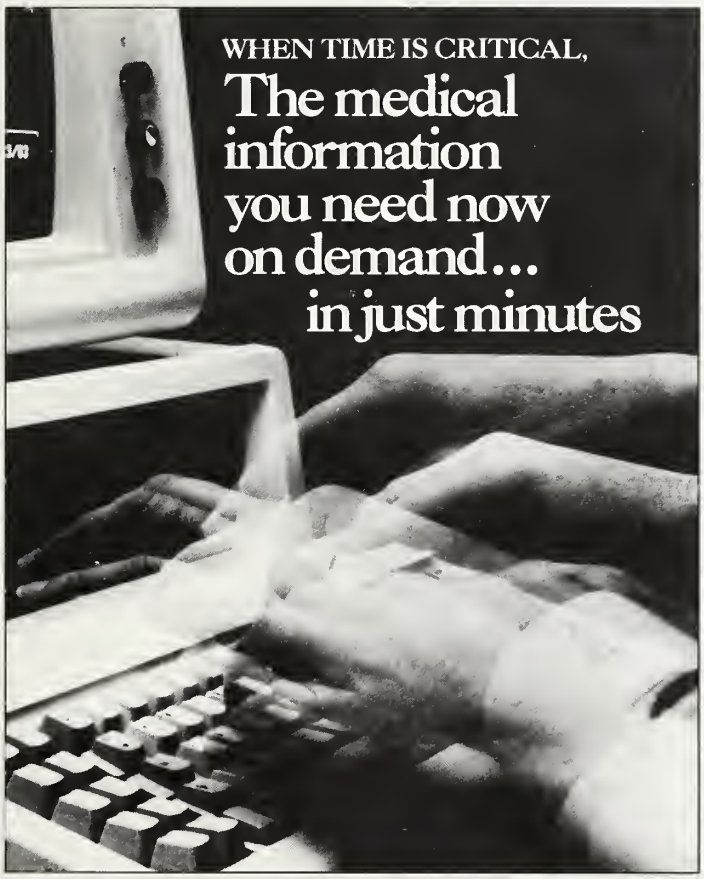
Many questions are still unanswered. If you choose to use this method of dispute resolution, we suggest you contact your attorney to insure that your form complies with these statutory provisions.

WARNING

Your insurers might be glad to see you use arbitration agreements but get their approval before you make a deal. The COPIC policy specifically prohibits the use of these agreements or any other settlement agreement without prior company approval. *(See "COPIC Comment" in July 15, '88 Colorado Medicine.)* If you enter into one without its approval, you may not be covered and they might not defend you.

Other policies give the company the right and duty to control the defense of the case. In all policies you pledge your cooperation to the insurance company. If you fail to obtain the company's approval of your proposed arbitration agreement in advance and have a firm understanding about its future use, you may lose your insurance protection.

CJM



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12/2189

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colorado medicine

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March 1, 1989 Volume 86, Number 5

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- **Can we GET TOGETHER with the THIRD PARTY PAYORS?**

- **UPDATE ON MEDICARE: things you need to know - - - now!**

STACKS

- **WHAT IS THE BME? DO YOU KNOW? Here's an insider's perspective**

- **IT'S TIME AGAIN: for the PHYSICIANS DIRECTORY - how to be ready for it.**

- **INTERIM MEETING: will this be the last one?**

Colorado Medical Society
1989 Interim Meeting Schedule
Hyatt Regency-DTC Hotel, March 10 - 11 — Sheraton Hotel - DTC, March 11, 1989

Friday, March 10 - Hyatt Regency - DTC

2:30 - 3:30 pm	**COPIC Seminar** (Surgery) FOR SPECIALTIES OF: General Surgery, Anesthesiology, Urology, Plastic, and other Surgicial Specialties
3:30 - 4:30 pm	**COPIC Seminar** (Medicine) FOR SPECIALTIES OF: Family Medicine, Internal Medicine and Sub-Specialties, Pediatrics, and Psychiatry
7:00 - 8:00 pm	**Hospital Medical Staff Business Meeting**
8:00 - 9:00 pm	Hospital Medical Staff **Guest Speaker** - *Paul Schyve, MD, JCAHO*

Friday, March 10 - Colorado Medical Society Offices - 5575 DTC Parkway, Suite 240

4:00 - 6:00 pm	**Council on Legislation**
6:00 - 8:00 pm	**Congress of Medical Specialties**

Saturday, March 11 - Hyatt Regency - DTC

7:00 am	**REGISTRATION**
7:00 - 8:00 am	**Nominating Committee**
7:30 - 8:00 am	**Constitution/Bylaws/Credentials**
8:00 - 10:00 am	**Reference Committees** (3)
*9:00 - 11:00 am	**CMSA & COPIC Agency** **Retirement Seminar**
10:00 - 12:00 pm	**House of Delegates/General Membership Meeting** (including reports from the following) AMA Report: Dr. Robert E. McAfee, AMA Trustee CMS President's Report: Dr. Robert D. Hartley CMSA President's Report: Mrs. Sharon Cunningham COPIC Report: Dr. K. Mason Howard, Chairman COMPAC Report: Dr. H. R. Safford, III, Chairman Dr. Eugene Jacobsen, Dean, University of Colorado School of Medicine
12:00 - 1:30 pm	**Judicial Council—Caucuses—Break**

Saturday, March 11 - Sheraton Hotel - DTC

12:30 pm	**REGISTRATION** (until conclusion of House of Delegates)
2:00 pm	**House of Delegates**

*** When a physician talks retirement....we're talking major complications...**

- Will you control your life, or let retirement control you?
- What roles will you and your spouse play?
- How does one measure success and maintain one's high self esteem, absent daily support from one's professional peers?
- Can work-a-holics become leisure-holics and should they?
- Is it timely to start a new career?
- How can I use yesterday's investments for today's living?
- Should I become computer literate and publish my memoirs or maybe manage my money with the computer?
- How much is my practice worth...How do I get out...What responsibilities do I have to my partners? To my patients?

The **Colorado Medical Society Auxiliary** and **COPIC Agency** encourage you to take control...Come to their Retirement Seminar on Saturday, March 11, from 9:00 to 11:00 am during the CMS 1989 Interim Meeting at the Hyatt Regency-Denver Tech Center.

March 1, 1989

colorado medicine

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76 — **PRESIDENT'S LETTER:** Just how long will it take the medical profession and the third-party payors to get together on a uniform system for claim forms, procedure codes, review processes, etc? Why is there ever-increasing risk by the physician without corresponding reward? asks the CMS leadership.

Robert D. Hartley, M.D., President
Colorado Medical Society

77 — **EXECUTIVE DIRECTOR UPDATE:** CMS reserve promises final bond payment and reduction in membership dues while membership increases.

Harold F. Frye, Executive Director, CMS

78— **A PREVENTIVE LAW PLAN: Colorado AIDS Control Law**
*by **Edward P. Richards**, Visiting Associate Professor*
University of Denver College of Law
***Thomas M. Vernon, M.D.**, Director*
Colorado Department of Health
***George O. Thomasson, M.D.**, Chairman*
CMS Council on Community Health Issues

81 — **PHYSICIANS DIRECTORY ALERT:** Member information cards are in the mail. Return them with the information so you can be correctly listed in the 1989 Directory. What to watch for and what to do with the card when it reaches you.

82 — **UPDATE ON MEDICARE: Here are some things you need to know . . . NOW!** New regulations in effect as of this writing.

by Sandi Maloney, Director
Physician Services
CMS

84— **BME: IS IT DOING WHAT YOU THINK IT DOES OR SHOULD DO?** Board of Medical Examiner's newest physician member gives her views of the body and what should happen (much different from many popular perceptions, she says).

by Margaret Cary, M.D., M.P.H.
Denver, Colorado

86 — **CLASSIFIED ADVERTISING**

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Robert D. Hartley, M.D.

77



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Harold F. Frye, Executive Editor. William S. Pierson, Managing Editor. Michael Thompson, Ass't. Managing Editor



Robert D. Hartley, M.D.
President
Colorado Medical Society

Recently I had the opportunity to address the Colorado Group Health Insurance Association about physicians' concerns regarding current third party payors. The climate in which we practice is undergoing change at rates of which we are are no longer able to keep abreast. It has become a very confused and confusing environment.

A major problem we face is the lack of uniformity or standardization of what is asked and required. Each insurance program or managed care system has a new set of rules, policies and forms. Why can't we have standardized claim forms, procedure codes, review processes and medical policies? Why can't we have a common list of procedures, a consensus on what is emergent or non-emergent or what could or should be done on either an in-patient or out-patient basis? It is particularly irritating when these benefits are changed and neither the providers nor the patients are notified.

Pre-admission requirements are very time consuming and frustrating. This becomes more difficult, if not impossible when faced with referrals, emergency or night admissions.

Utilization review raises concerns regarding the credentials and quality of the reviewers, particularly when done in locations distant to where you practice. How can we protect confidentiality when we are unsure if it is an appropriate individual on the phone? There would be much better cooperation and compliance if some basic patient information and evaluation had already taken place and only additional information specific to that patient's treatment plan was needed. We are experiencing increasing harassment in this area.

"It is difficult to know which hospital or physician is a participant in a given plan."

Benefits are often confusing to both physicians and patients. We know that patients are often unaware of restrictions, placing us in the middle. This is particularly true when primary care physicians are capitated for the total care of their patients. Patients don't understand these financial arrangements, the possible impact and the incentives or disincentives for referral. In addition, benefits often are different from medically established guidelines. Specific diagnostic tests and treatment protocols are increasing in managed care plans. When these differ from the physician's judgment or the desires of the patient, it raises the question of liability about who makes the decision.

We are forced to alter referral patterns, both to other physicians and hospitals. This is a particular problem when there is a difference in the level of quality or if they are the sole provider available. It is difficult to know which hospital or physician is a participant in a given plan. It is even more difficult when not all providers at a given hospital are participating.

Finally, I have concerns about the cost involved. We have to increase the size of our staffs and the insurance companies do also, adding increased administrative cost on both sides. All we really have to give is our time and expertise. We are not being reimbursed for either as we interact with third party payors. I wonder if the true net cost is effective.

We are being asked to assume more risk without the corresponding reward in a system with increasing emphasis on price rather than quality, loyalty or location. I hope that by taking the time to interact with the insurance industry, we can all gain a better understanding of one another's concerns and can work out these seemingly inevitable misunderstandings. *CIM*

Executive Director Update

by Harold F. Frye
Executive Director, Colorado Medical Society

Practice Management Seminars to be Offered in May

I am pleased to announce that we are co-sponsoring with the AMA the following seminars:
Joining a Partnership or Group Practice
Starting Your Practice
Gearing Up for Retirement
Insurance Processing and Coding
The Business Side of Medicine
Advance CPT-4 Coding
Medical Collection Management
Watch your mail for full details and registration information

Membership Dues to be Reduced

By September of this year it is estimated that we will have approximately $200,000 set aside for the fifth and final bond payment. This will mean that the $175 assessment on top of the regular dues will be reduced. The current dues of $555 per year will be reduced to below $500. Dues would be reduced again the following year after the final bond payment.

House of Delegates to Consider Eliminating Interim Meeting

The Board has introduced a resolution to the House of Delegates suggesting that they consider at the Annual Meeting, elimination of the Interim Meeting of the House of Delegates. During the past two years the amount of business being considered has been decreasing. This business could be considered at the Annual Meeting. There is always the option of calling for a special meeting of the House of Delegates if there are urgent items to be considered. Discontinuation of this meeting would save a substantial amount of staff time which could be used in other programs and projects.

Membership Increases

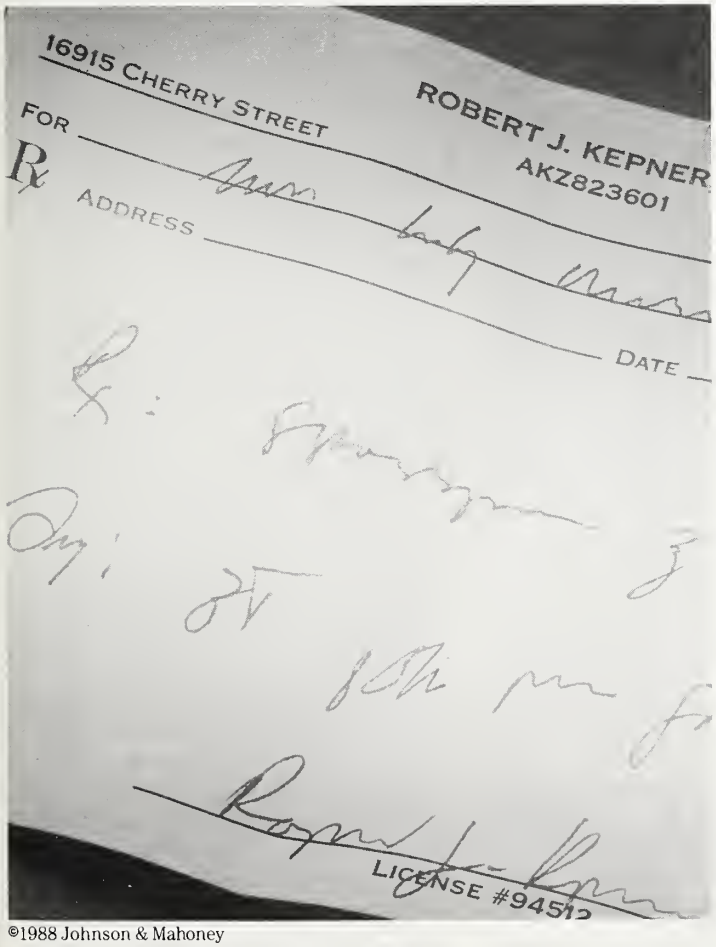
During 1988 CMS experienced an increase of 78 members. With the addition of Darla Leslie, our new membership person, I expect to see a greater increase in 1989.

CMS Offers New Service

The Prime Financial Trust is being offered as a new service for your consideration. The trust provides a mechanism whereby you and your employees can contribute to a trust which has many benefits. This trust is being marketed by MONY Financial Services. For further details contact Craig McIlroy at 758-6411 or 1-800-323-5085.

CMS and COPIC Have New Home

In mid-January we moved to new facilities at 5575 DTC Parkway. The major reason for CMS moving was a reduction in rent expenses. *CM*



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A Preventive Law Plan for the Colorado AIDS Control Law

by Edward P. Richards, Visiting Associate Professor, University of Denver College of Law
Thomas M. Vernon, M.D., Director, Colorado Department of Health
George Thomasson, M.D., Chairman, Colorado Medical Society Council on Community Health Issues

In 1987 Colorado passed the AIDS Control Law (Colorado Revised Statutes 25-4-1401, et. seq.) codifying the Colorado Department of Health's (CDH) human immunodeficiency virus (HIV) control program. Until the statute went into effect in fall 1987, the HIV control program was carried out under the general disease control authority of the CDH.

This law imposes several duties on physicians and hospitals. The basic duty is to report HIV related illness to the health department. The health department then may assist in identifying and warning persons who may be put at risk by HIV infected patients. This discharges the physicians' and hospitals' ethical duty to warn the persons that their patients may infect.

This preventive law plan is intended to help physicians and hospitals insure that they do not violate either the AIDS Control Law or the Colorado Theft of Medical Information Law (C.R.S. 18-4-412), which governs the privacy of medical information. Failing to comply with these laws can result in medical malpractice liability and criminal penalties. More importantly, this plan should help physicians better serve the medical needs of their patients and of society.

The Basis for the AIDS Control Law

Since the test for antibodies to HIV became available, Colorado has chosen to treat HIV infection and its sequelæ, including AIDS, as a medical and public health problem. With certain minor exceptions, health care providers should treat HIV infection in the same manner as they treat other reportable communicable diseases.

It is critical that health care providers in Colorado understand that many national materials on HIV do not correctly represent either Colorado law or public health practice. Physicians who follow these national recommendations may compromise the care of their patients. Colorado physicians will also incur substantial legal liability related to disease reporting, patient confidentiality, notification of partners of infected persons, and failure to detect and properly manage congenital HIV.

The Effects of the Colorado Approach

Colorado does not require physicians and hospitals to discriminate against HIV infected patients. The Colorado AIDS Control Law allows health care providers to give HIV infected persons the same quality care as any other patient. If the infected person poses a risk to others, the CDH assumes the duty to warn these persons.

The AIDS Control Law, combined with the Theft of Medical Information Law, strictly protects patient information from improper disclosure. It allows this information to be shared between the providers caring for that patient. This assures that the patients will receive the best available medical care. Colorado law also allows records containing information about HIV status to be reviewed by peer review committees. This assure HIV infected patients the quality control reviews that are the right of all other patients.

Colorado law encourages the early diagnosis of HIV infection by creating a climate that encourages physicians to test and counsel persons at risk of HIV infection. Early diagnosis is the key to effectively managing the risks of HIV infection: 1) managing the risk to the community through optimizing the opportunity to prevent the spread to uninfected persons; 2) the legal risk to the physician; and 3) the medical risks to the infected person.

While currently there are no cures for the sequelæ of HIV infection, the earlier that HIV infection is diagnosed, the better we will understand the natural history of the disease. This is critical to the development of effective treatments. It is also reasonable to assume that more careful management of routine infections in HIV infected persons will contribute to their long term well being. This fine tuning of individual care is impossible when a person's HIV status is unknown.

Specific Provisions of the Law: Reporting of AIDS and HIV related Illness

Introduction

The Colorado AIDS Control Law is written in terms of *"AIDS or HIV related illness."* (The italicized language is from the AIDS Control Law.) There has been some confusion over whether HIV related illness includes a positive HIV antibody test, in the absence of other diagnostic criteria. The Centers for Disease Control definition for HIV related illness includes positive HIV status in an otherwise asymptomatic individual. With one minor exception, this definition has been incorporated into the CDH communicable disease regulations that specify when HIV related illness must be reported.

The exception is for individuals who are HIV positive, asymptomatic, with normal immune system function tests, and no other CDC defined indicia of HIV related illness. These individuals must be reported by the laboratory. The physician is not compelled by the AIDS Control Law and CDH Regulations to report such persons. However, as a preventive law matter, physicians should report every patient who is positive for HIV, or otherwise manifests HIV related illness.

A physician who does not report an HIV positive patient may be second-guessed about the status of the patient's immune system tests or the prevalence of symptomatic disease. This would subject the physician to the risk of being sued by any person who is injured by the unreported patient. These would be

difficult and expensive lawsuits to defend. Conversely, if every HIV positive patient is reported, then the physician may claim the statutory immunity from suit that is provided in the AIDS Control Law.

It is important to note that a physician may diagnose an HIV related illness (such as dementia, etc.) in a person who refuses the HIV antibody test. Unless the patient is proven to be HIV negative, any HIV related illness must be reported to the CDH. The patient cannot avoid being reported by refusing to consent to a test for HIV.

Confidentiality of Medical Information

The Colorado AIDS Control Law contains provisions dealing with the confidentiality of the records and information held by public health authorities. Nothing in the AIDS Control Law applies to patient medical records held by physicians, hospitals or insurance companies.

The Theft of Medical Information Law makes it a felony for a physician to provide information about a patient or the patient's records. This statute allows records and information to be shared with persons caring for the patient, to be used in peer review activities, or to be used in state mandated activities such as disease reporting. In all other situations, information and records can only be released with the patient's written authorization

The theft of Medical Information Law prohibits physicians from warning spouses or other persons about a patient's HIV status unless the physician has the patient's written consent. When a diagnosis of HIV related illness or a positive HIV test is reported, the public health authorities investigate the diagnosis and warn persons at risk. The CDH and the state's local health departments encourage physicians to draw on their highly trained and skilled staff to assist with partner notification. When physicians report the diagnosis to the health department they may identify specific persons that should be warned.

Reporting by Physicians

Physicians have a duty to report *"AIDS or IIIV related illness, including death from IIIV infection, within twenty-four hours after such fact comes to the knowledge of said physician."*

The physician must report the *"name, date of birth, sex, and address of the individual reported on and the name and address of the physician or other person making the report."*

The physician must report the patient's correct name if it is known to the physician. The physician is not required to ask the patient for identification. However, if the physician knows the patient's name from social encounters, previous treatment, insurance forms, checks, credit cards, or in any other manner, the physician breaks the law by reporting the patient under a false name. The CDH has not requested the prosecution of physicians reporting false names. This does not prevent local law enforcement officials from enforcing the law. More importantly, such a fraud would subject the physician to civil liability from anyone the patient subsequently infected.

By reporting AIDS or HIV related illness as required by the law and the communicable disease regulations, a physician *"shall fulfill any duty of such physician to a third party."* This provision of the law should prevent physicians complying with the reporting requirements from being successfully sued by persons infected by their patients.

Reporting by Laboratories

All laboratories performing tests for HIV antibodies, or for the virus itself, must report positive findings to the CDH. This includes tests run in a physician's office. All positive tests, including ELISA's not confirmed by tests such as the Western Blot, must be reported. This reporting duty is separate from the health care provider's report. A report by a laboratory does not count as the one report required for physicians and others.

Reporting by Hospitals and other Health Care Providers.

"All other persons treating a case of IIIV infection in hospitals, clinics, sanitariums, penal institutions, and other private or public institutions shall make a report to the state or local department of health...on every individual having a diagnosis of AIDS or HIV related illness, including death from HIV infection, within twenty-four hours after such fact comes to the knowledge of said person."

This provision clearly requires hospital personnel to report cases of AIDS or HIV related illness. This requirement for health care providers to report is tempered by the further provision that: *"Only one report shall be required for each individual having HIV infection."* As long as the patient's treating physician has reported the patient, other health care providers do not have to file an additional report. It is important that other health care providers either assure that the patient has been properly reported to the CDH or file a report themselves. In hospitals, the physician should document that the patient has been reported in a chart note.

Consent to Testing

The Colorado AIDS Control Law requires the patient's *"knowledge and consent"* for HIV testing. This may be an oral consent, documented in the physician's office record or the hospital chart. The AIDS Control Law does not require physicians or hospitals to use a separate consent form for HIV testing.

If a patient refuses HIV testing, it is important to document this refusal. As with the refusal of any medically indicated diagnostic test, the physician has a legal duty to assure that the patient fully understands the medical implications of refusing the test. The physician should document that the patient was informed of the medical risks of the disease, the potential benefits of the test, and the risk to others if the patient does have HIV.

Some patients are concerned about the test results being reported. They should be informed that the CDH treats these reports as confidential and will not disclose them: *"Such information shall not be released, shared with any agency or institution, or made public, upon subpoena, search warrant, discovery proceedings, or otherwise...No officer or employee of the state or local department of health shall be examined in any judicial, executive, legislative, or other proceeding as the existence or content of any individual's report..."*. They should also be told that if they have an HIV related illness, this diagnosis must be reported, irrespective of

whether they consent to testing for HIV. *"It is the duty of every physician who, during the course of an examination, discovers the existence of HIV infection or who treats a patient for HIV infection to inform the patient of the interpretation of laboratory results and measures for preventing the infection of others."*

The AIDS Control Law requires a patient to be told if the physician believes that the patient is infected with HIV. This protects the patient's right to a full disclosure about HIV infection and how to prevent its spread to others.

The physician must counsel the patient in how to prevent the spread of HIV. This would include information on safe sex, not donating blood, not sharing needles, etc. This information should be documented in a handout that is given to the patient and filed in the patient's medical record. (This information is available from the CDH.) While the patient should be given, or directed to, psychological counseling when diagnosed as infected with HIV, this is not required by the statute. *CIM*

letters to the editor

Editor
Colorado Medicine
Denver

Dear Sir,

About the article on Huerfano County—it is ironic, but the name "Huerfano" (pronounced locally as wárfano) means "orphan". There is even a small cinder cone just east of I-25 where it crosses the Huerfano river, that is called "The Huerfano". This is north of Walsenburg.

I started practice in 1937 in Trinidad, so I'm familiar with that area & its stories. I can appreciate the problems the doctors there are having.

Maybe you already know this about the Huerfano! But certainly the doctors there must feel a bit like orphans, thru no fault of yours or theirs.

Very truly yours,

E.F. Pfile, M.D., (Ret.)
Longmont, CO

ATTENTION

PHYSICIANS, MDs AND DOs

DO YOU KNOW THE HOW TO'S OF TREATING OBESE PATIENTS IN YOUR MEDICAL PRACTICE?

NOW YOU CAN LEARN FROM PRACTICING CLINICIANS IN BARIATRIC MEDICINE, THE PRACTICAL APPROACH TO MANAGING OBESE PATIENTS...

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☐ Western Regional Obesity Course, March 31 - April 1, 1989, Inn at Aspen, on Buttermilk Ski Area, Aspen, CO.
☐ Eastern Regional Obesity Course, May 19-20, 1989, Hyatt Regency, Nashville, TN.
☐ Membership in the American Society of Bariatric Physicians (as a member you will receive patient referrals through our nationwide referral service).

NAME _____

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Make sure your information is correct and return quickly to avoid inaccurate listings

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Make sure your name is spelled correctly and your degree listing is correct.

Check your phone number(s) to make sure they are correctly listed. If a phone number does not appear and you want one listed, write it in the space after the zip code. If you do not want a number listed, draw a line through it. Numbers can be selectively included or omitted from each address.

Two addresses (maximum) can be listed in the Directory. Please correct, delete, or add any information as necessary.

If you were already listed as retired, this question will ask whether you are **still** retired. Please give current status.

Sally L. Jones, MD 9999

Office Address:
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Alamosa CO 81101 (719) 555-2345

Home Address:
456 Parkway Cir
Monte Vista CO 81144

Have you retired from practice? _____Yes _____No

Specialties: PULMONARY DISEASES
THORACIC SURGERY

The first specialty listed is primary, you may list up to four others, using current nationally accepted designations. Check for accuracy.

This will be your listing in the 1989 Physician's Directory. Please return this card with or without corrections by 3/31/89.

Please sign:_____

When you have corrected or verified all information, please sign the card (this attests to the accuracy of the information) and return to CMS. Don't miss the deadline!

If you do not wish to be listed in the Directory, just cross out **all** addresses on the label and return to CMS before the deadline.

Remember, this is the way the information will appear in the final version of the Directory, so make certain it is correct. If you do not return the card at all, we can only assume the information is correct. The way it appears on the card is the way it will appear in the Directory unless **you** change it.

Update on Medicare

Here are some things you need to know

from Sandi Maloney, Physician Services

Medicare Catastrophic Coverage Act of 1988

Here are the highlights of the new law:

HOSPITAL BENEFITS

Beginning January 1, 1989, Medicare beneficiaries have to pay only one hospital inpatient deductible—at the beginning of their first hospitalization during a calendar year. If this deductible was paid in December, then the beneficiary will not have to pay the deductible for a hospitalization beginning in January of the following year. The deductible will be $560 in 1989.

After the deductible is paid, Medicare will pay for an unlimited number of hospital days for covered services. (Previously Medicare paid all covered services for the first 60 days after the deductible is met and the next 90 days, with a daily coinsurance payment required from the beneficiary.) There is no change in the 190-day lifetime limit on inpatient psychiatric hospital stays.

SKILLED NURSING FACILITY BENEFITS

Beginning January 1, 1989, the requirement that a Medicare beneficiary have a prior three-day hospitalization before qualifying for Medicare coverage in a skilled nursing facility was eliminated.

Beneficiaries will be required to pay a coinsurance payment for the first eight days in a skilled nursing facility. The daily coinsurance rate for 1989 is $25.50. After the first eight days, Medicare will then pay for all covered services up to 150 days. (Previously Medicare only covered up to 100 days and the beneficiary pays a coinsurance amount for days 21-100; the 1988 coinsurance amount was$67.50 per day).

HOSPICE BENEFITS

Beginning January 1, 1989, hospice benefits will extend beyond the previous 210-day limit if the beneficiary's physician or hospice director recertifies that the beneficiary is still terminally ill.

BLOOD DEDUCTIBLE

Beginning January 1, 1989, a Medicare beneficiary is responsible under Part A for a single payment of a deductible equal to the expenses for the first three pints of blood furnished while a hospital inpatient during the calendar year (previously the deductible was paid for each period of hospitalization). This could be met by replacing the blood. To the extent that a beneficiary has met a blood deductible under Part B of Medicare, it would reduce his deductible under Part A (previously it did not).

HOME HEALTH SERVICES

Beginning January 1, 1990, Medicare coverage for home health services will be expanded for individuals confined to their home who require intermittent and short term daily skilled nursing care. The need for intermittent care would be defined as up to six days a week instead of the current 4 day limit. The short term daily care limit is extended from the current 2-3 week limit to up to 38 days.

LIMIT ON OUT-OF-POCKET EXPENSES

Beginning January 1, 1990, Medicare beneficiaries who have incurred out-of-pocket expenses exceeding a catastrophic limit will have Medicare pay 100 percent of the reasonable costs or charges for any additional Part B covered services with no further coinsurance required from the beneficiary.

Out-Of-Pocket expenses counting towards the catastrophic limit will be limited to the Part B $75 deductible, the Part B blood deductible, and the 20-percent coinsurance paid by beneficiaries for Part B benefits. Beneficiary payments for non-covered services and additional charges by doctors or suppliers above the Medicare approved charges will not count towards the limit.

The Part B catastrophic limit will be indexed so that a constant share of Medicare beneficiaries (7% according to provisions of the law) will qualify for these benefits each year. The limit for 1990 is $1370.

Medicare carriers will send a notice to individuals who have met the limit and qualify for catastrophic benefits.

COVERAGE OF MAMMOGRAPHY SCREENING

Beginning January 1, 1990, Medicare will cover mammography screening. Women age 65 and older will be able to have an exam covered every other year. For disabled women under age 65, one screening would be available between age 35 and 40, one every other year between age 40 and 49 (except high risk individuals who would qualify for one per year), and one annually for those between age 50 and 64.

RESPITE CARE BENEFITS

Beginning January 1, 1990, Medicare will pay for up to 80 hours of respite care for individuals who are dependent on a voluntary care-giver for assistance with at least two activities of daily living. These activities are defined as eating, bathing, dressing, toileting, or transferring in and out of a bed or chair. These benefits would be available for 12 months after the individual first meets the Part B catastrophic limit or the prescription drug deductible.

OUTPATIENT PRESCRIPTION DRUG COVERAGE

There will be limited coverage of some drugs in 1990 with most drugs not being covered until 1991.

Beginning January 1, 1990, Medicare will cover home intravenous drugs and associated items and services. All IV antibiotics will be covered initially. Other IV drugs will be covered only after Medicare determines that they can safely and effectively be administered in a home setting.

Also beginning January 1, 1990, Medicare will cover immunosuppres-

sive drugs used after the first year after receiving a transplant. (Currently, Medicare covers them for only the first year after a Medicare approved transplant).

Coverage of drugs in 1990 is subject to the beneficiary meeting a deductible of $550. Once the deductible is met, Medicare will pay 80 percent of approved charges for the IV drugs and 50 percent of the approved charges for the immunosuppressive drugs. The services related to home IV-drugs would not be subject to the deductible or to any coinsurance payment required for the drugs themselves.

Beginning January 1, 1991, Medicare will cover all other prescription drugs. The deductible will be $600 in 1991 and $652 in 1992. Once the deductible is met, Medicare will cover 50 percent of the approved charges in 1991, 60 percent in 1992, and 80 percent thereafter.

The deductible will not apply to home IV-drug therapy initiated during a hospital admission.

The drug deductible for years after 1992 will be indexed so that 16.8 percent of Medicare beneficiaries will meet the deductible and benefit from this provision of the law each year.

The approved charges for prescription drugs will be limited to the lowest of the pharmacy's actual charge, the 90th percentile of pharmacy charges, or the sum of the average wholesale price for the drug plus an administrative allowance.

Pharmacies may become "participating pharmacies" just like doctors who are participating. These participating pharmacies will be required to accept assignment on all covered outpatient drugs upon receiving notice from Medicare that the beneficiary has satisfied the deductible. Beginning in 1991, Medicare will be tracking drug purchases by Medicare beneficiaries electronically at the point of sale. This information will be used to determine when an individual has met his deductible.

FINANCING

The catastrophic and prescription drug benefits will be financed through the combination of a supplemental premium based on income tax liability and additional, flat Part B premium.

The supplemental premium or surtax, will be mandatory for all Part A eligible individuals. The rate will be based on Federal income tax liability with a maximum amount each year that a person can pay. The rates (per $150 of income tax liability), the equivalent in percentage of tax liability (i.e., income tax multiplied by percentage equals supplemental premium), and maximums are shown in the accompanying table.

The supplemental premium will be collected by the IRS at the time of filing an income tax return. For couples filing joint returns, where only one member is Medicare eligible the premium computed on half of the couple's tax liability. Where both are eligible, the premium will be computed as if the couple were one person, except that the yearly maximum will be twice as high (e.g., $1600 in 1989).

Current estimates on the flat Part B premium increases are as follows:

1989—$4.00 1990—$4.90 1991—$7.40 1992—$9.20 1993—$10.20

This increase is in addition to the regular increase related to the rising costs of the program. For 1989, the total monthly Part B premium will be $31.90 (including the $4.00 flat increase for "Catastrophic"). However, an individual's Social Security benefit may not be reduced due to the increase in Medicare premiums.

NEW MEDIGAP STANDARDS

Companies that issue Medicare supplemental policies in effect January 1, 1989, will be required to send a one-time notice to their policyholders explaining how the catastrophic legislation will affect the benefits contained in the policies and the cost of the premium.

All new Medigap policies (beginning in 1989) will be required to offer a 30-day "free-look" period and report their actual loss ratios. Medicare must inform beneficiaries of the laws prohibiting Medicare abuses, how to report them, and provide a toll-free number for reporting suspected violations.

MEDICAID ELIGIBILITY CHANGES

Beginning September 30, 1989, in determining Medicaid eligibility for an institutionalized individual with a community spouse, states will be required to protect a minimum of $12000 in non-exempt resources for the community spouse. After the institutionalized individual has established Medicaid eligibility, the states will be required to allow the community spouse to keep some of the institutionalized spouse's income each month so they will have income at 122 percent of the Federal poverty level (currently $786 per month) rising to 133 percent on July 1, 1991; and 150 percent on July 1, 1992.

State Medicaid programs will be required, on a phased-in basis over the next four years, to pay the Medicare premiums, deductibles, and coinsurance payments for elderly and disabled individuals with incomes below the Federal poverty level ($5770 for an individual in 1988) and resources at or below twice the standard under the Supplemental Security Income program ($3800 in 1988).

States will be required to extend Medicaid coverage to pregnant women and infants up to age one with incomes at or below 75 percent of the Federal poverty level beginning July 1, 1989; and those with income below 100 percent of the level beginning July 1, 1990. For more information on the Catastrophic Coverage Act, call 1-800-888-1998. *C/M*

Supplemental premium (surtax) table

YEAR	PREMIUM RATE	PERCENTAGE OF TAX	MAXIMUM
1989	$22.50	15 Percent	$800
1990	$37.50	35 Percent	$850
1991	$39.00	26 Percent	$900
1992	$40.50	27 Percent	$950
1993	$42.00	28 Percent	$1050

What Does the Colorado State Board of Medical Examiners Do?

by Margaret Cary, M.D., M.P.H.
Denver, Colorado

Editor: Dr. Cary is a recent appointment to the Colorado Board of Medical Examiners and her article appears in this issue of Colorado Medicine as a contribution to the magazine and to the understanding by Colorado physicians of the BME's purpose and procedures. Dr. Cary makes a strong point of individuals pursuing further analysis of our state statutes and the manner in which the BME functions.

Dire predictions followed my appointment to the Board of Medical Examiners (BME). "Your friends won't talk with you anymore," I was warned. I thought that people would stop their conversations in mid sentence when I entered the room. Remember that two panel Gary Larsen cartoon with a group of dogs talking at a cocktail party? The last dog in the first panel mentioned that he has discovered he has worms. In the last panel the dogs are silent, eyeing the confessor. The caption referred to "canine social blunders." I wondered if being a member of BME would be incompatible with social interactions.

Thankfully, the apocalyptic view dissolved in the face of actual experience. The majority of physicians have very little knowledge of how the Board works. They do know something is amiss when they receive a letter with the BME in the upper left corner of the envelope. To most physicians the Board is seen as a black box. Somehow licensing and disciplining concerns are directed toward the box and, after a variable period of time, some sort of activity comes out of the box, directed at the aforementioned concerns. As in most situations, non members' perceptions of the fairness of the actions of the Board are affected by their positions. Physicians think the Board is too hard on other physicians, usually their friends. Non physicians think the Board should do more to get rid of "those bad doctors."

Well folks, I am here to put some windows in the black box. These processes and procedures, in a general sense, are not secret. In fact, any of you can read the Medical Practice Act (Title 12, Article 36) and find out how these things are done. Details on individual cases are often kept in the black box until due diligence and due processes are carried out. This is to avoid bad press for the innocent.

What happens when the Board receives a single letter of complaint from a patient against a physician? First of all, **any**one can file a letter of complaint with the Board and it will, per the Medical Practice Act, be investigated. Within two to four weeks after the Board receives the letter, a copy is sent to the physician together with a "20 day letter" from the BME. This gives the physician twenty days **from the time of receipt, not from the postmark** to respond. A full text of the letter is sent in about 99% of the cases. Incidentally, physicians **rarely** write in to complain about colleagues.

When the response from the physician is received, a copy of the complaint and a copy of the response are given to each member of the Board on one of the two inquiry panels, A or B. (Each member of the Board has the same large stack of cases to review before each meeting.) The complaint is dismissed in about 80-90% of the cases. About 10-15% of the cases are sent to the Department of Regulatory Agencies (DORA) for investigation. DORA does the mechanics of investigating, using consultants. (We have a voracious appetite for consultants, at $60/hour. Call us.) Nominally, all consultants are approved or acknowledged by the members of the Board.

For formal investigation, a similar percentage of cases are sent to the Attorney General's (AG's) office. (Yes, you are right. The percentages do not add up to 100 because the numbers vary.) **Confusion**: Many people think when the Board refers a case that the destination is the District Attorney's office and that control is relinquished. **Wrong! D.A. ≠ A.G.** These are two separate entities. The BME has the authority to determine the final disciplinary action. Disciplinary actions are taken by the AG's office at the request of the Board.

Remember, this is a simplified article written to explain some basics at ground level. The members of the Board deal with more complicated issues, such as serious infractions affecting the health of both physicians and patients. If this article has been useful to you, the docs in the trenches, please let me know and I shall tackle some of the more complex problems. The opinions expressed in this article are my own and do not necessarily reflect those of the other members of the Board. *C/M*

CORRECTION

Credit to the ***Denver Medical Bulletin*** was inadvertently omitted from the feature article, "Dr. Justina Ford Honored as First Black Female Physician in Colorado," appearing in the ***Colorado Medicine*** *(Vol. 86, No. 4, February 15, 1989).* Much of the biographical and historic information in the article was reprinted directly from the ***Denver Medical Bulletin*** of October, 1988. ***C/M*** wishes to apologize for this gross oversight.

Colorado Respiratory Therapist to Bicycle Across America

Beth Roark, RRT, a Boulder Respiratory Therapist, is planning to bicycle 3,357 miles from Seattle to Atlantic City as part of an effort to raise money for the American Lung Association. At latest check, Beth is the only bicyclist representing Colorado in the 1989 TransAmerica Bicycle Trek.

Beth hopes to raise $10,000 as her contribution to the more than $250,000 goal nationwide. There will be more than 400 other trekkers participating in the event from June 5 to July 21, 1989.

Beth cites the American Lung Association's support of medical research and environmental projects as major factors in her decision to become involved in the trek. As a Respiratory Therapist, she has used American Lung Association materials to teach children with asthma about their disease and to educate fellow employees and the public about various lung diseases, prevention of lung cancer and ways to quit smoking.

Beth Roark is trying to raise pledge support for her TransAmerica Bicycle Trek. For more information or to pledge, contact Beth Roark at PO Box 18081, Boulder, CO 80308. If you send a check (and you ought to) make it payable to the American Lung Association. *C/M*

YOU BE THE JUDGE PART II



was it
GOOD FAITH PEER REVIEW
OR
ANTI-TRUST CONSPIRACY?

Observe a medical peer review committee in action. If you were the doctor under scrutiny would you agree this was good faith peer review or an effort by your competitors to restrain trade? A violation of the anti-trust laws or a profession policing itself? YOU BE THE JUDGE.

This Third Annual Denver Medical-Legal Forum is co-sponsored by the Denver and Colorado Bar Associations and the Denver Medical Society.

TUESDAY, APRIL 11, 1989

DENVER MARRIOTT CITY CENTER
1701 CALIFORNIA

Hors d'oeuvres and cash bar ..... 6 p.m.
Program ..... 7 p.m.

Registration fee: $15 per DMS member and $20 per non-member

THE 1989 DENVER MEDICAL LEGAL FORUM
"You Be the Judge–Part II"

April 11, 1989 6 p.m. Denver Marriott City Center

(I)_____ (We)_____ plan to attend. A check is enclosed in the amount of $_____ (payable to the Denver Medical Society) for the following registrant(s):

Name(s)_____

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Please list name as you want your name tag(s) to read.

Return reservation form and check to: Denver Medical Society
1850 Williams Street / Denver, Colorado 80218

Task Force on Nursing to receive $25,000 Grant

by Celeste Nichols, University of Colorado Health Sciences Center

A $25,000 grant has been awarded to the Statewide Task Force on Nursing by The Colorado Trust. The grant will be used to support research currently underway into the nursing shortage which exists at University Hospital, University of Colorado Health Sciences Center, and health care institutions throughout the state.

The task force serves as a state-wide panel, researching current recruitment and retention problems in the nursing procession. It is coordinated through the CU-Health Sciences Center and has the support of Governor Roy Romer and legislative leaders.

Since its inception last year in response to a proposed mass resignation by nurses at University Hospital, the task force has been meeting with community leaders, health care associations, medical and nursing organizations and representatives from high schools and junior colleges. Task force members have been collecting data on issues including current working conditions in nursing, the professional status of nurses and salary concerns. The task force members recently finished a 20 city, state wide series of public hearings to gather information in communities around Colorado.

The task force will issue a report, including information from the hearings, on possible solutions to the nursing crisis in February. *C/M*

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PROFESSIONAL OPPORTUNITIES

ORTHOPEDIC SURGEONS—Immediate need for two BE/BC orthopedists. Established practice next to 58-bed hospital. Community 20 miles NE of Denver. Contact Linda Morrison, Platte Valley Medical Center, 1850 Egbert St., Brighton, CO 80601 or call (303) 659-1531. 4/3189

HEALTHMARK/PREVENTIVE MEDICINE/INTERNIST/FP: HealthMark Centers is expanding its unique preventive medicine practice to include primary care. We are seeking an aggressive, personable BC-Internist/FP with a strong personal commitment to wellness. Will also consider Practitioner who wishes to relocate an existing practice to the HealthMark facility. Send CV to Dr. Robert A. Gleser, 5801 S. Quebec Stree, Englewood, CO 80111, (303) 694-5060. 4/011589

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Multi-specialty group practice is seeking a board certified/eligible Emergency Medicine or Family Practice physician to serve as the Director of our Urgent Care Department. Well established group with large market share, excellent income potential and fringe benefits. Please send CV to Administrator, Littleton Medical Center, P.C., 7750 South Boradway, Littleton, CO 80122. 4/21589

COLORADO-FAMILY PHYSICIAN This is a good opportunity to join three Board Certified, residency trained family physicians in a semi-rural setting located in the foothills, 5 minutes southwest of Denver. Send inquiries to: Conifer Medical Center, 11873 Spring Road, Conifer, CO 80433. 2/21589

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PROFESSIONAL OPPORTUNITIES

DENVER—Exceptional opportunities with expanding, private, 60-physician multispecialty group for BC/BE physicians in the following specialties:
FAMILY PRACTICE
GENERAL INTERNAL MEDICINE
HEMATOLOGY/ONCOLOGY
PULMONOLOGY
NEUROLOGY
OB/GYN
Excellent salary/benefit package working with high-quality associates. Send CV to:
ACCORD Medical Centers, PC
Adelaide Almquist,
Medical Coordinator
1555 Clarkson Street
Denver, CO 80203.
(303) 831-7171, extension 225.
12/2189

GENEROUS REIMBURSEMENT for physicians who participate in clinical pharmaceutical research studies using new antibiotics for infectious diseases. Immediate opportunities exist for GP/FP's, internists, or specialists who can enroll patients with bronchitis, pneumonia, pharyngitis, or cystitis into new clinical trials. Patients who participate benefit from free office visits, lab tests, and medications; financial stipends are also provided. Physicians are reimbursed at levels well above their normal fees for 2-5 visits (instead of one), and patients remain in their practices during, and after, the studies. Since all nursing care, scheduling, medication dispensing, and paperwork are provided, little or no increase in time or office overhead will be incurred. Sponsorship is via grants from major American or International Pharmaceutical Corporations. For details, call the Colorado Medical Research Center at 744-7000. 2/3189

FAMILY PRACTICE physician needed to associate with established FP physician in Brighton, Colorado. Share existing practice and fully-equipped medical office next to hospital. Send CV to Linda Morrison, Platte Valley Medical Center, 1850 Egbert St., Brighton, CO 80601 or call (303) 659-1531. 4/3189

FAMILY PRACTICE: Space available. Fully equipped. So. East Denver, Monaco and Evans vicinity. 3,000 sq. feet. Share with any specialty. 759-5021. 3/3189

PROFESSIONAL OPPORTUNITIES

EMERGENCY/URGENT CARE: Lafayette, CO. Part-time position in moderate volume Urgent Care Center. Flexible scheduling, good remuneration. for information, call Dr. Chuck Power, Community Medical Center, (303) 666-4357. 6/11589

FAMILY PRACTITIONERS: The Oberlin KS Medical Arts has 2 openings for BC/BE family practitioners to join 2 young BC family practitioners and a general surgeon in NW KS. Progressive rural community, supportive environment, newly remodeled hospital, new clinic bldg, no investment, guaranteed income. For more information contact Charles Myers, Admin., Decatur County Hospital, 810 W. Columbia, Oberlin, KS 67749, (619) 475-2208. 12/10188

BEAUTIFUL DENVER, COLORADO. The Rocky Mountain Region's largest and most progressive Family Practice Network is seeking full and part time Family Physicians. This well established outreach Network has 14 locations which provide occupational and community Family Medicine to more than 125,000 patients annually. The Network is affiliated with Rose Medical Center, a highly respected 425 bed acute care hospital. Compensation can easily exceed $80,000 per year. Please send current C/V to Medical Director, ROMED Corporation, 4636 E. 9th Avenue, Denver, CO 80220. 12/11188

CORTEZ—NEED BC FP to join 2 man FP w/ 4 man call rotation. Exc 55 bed hosp includes ICU, OB, ER. Close to mountains, desert, lakes, skiing. Contact W. Griebel, MD, 1021 N Mildred, Cortez, CO 81321. (303) 565-4436. 6/2189

Two young F.P.'s looking for a 3rd B.C. Family Practitioner to join them in a busy and exciting practice that includes OB. Located in a charming 19th Century mansion just one block away from hospital. Plan to add a 4th physician in the future. Guaranteed salary first year with possible partnership thereafter. Contact: Jude Kirk, M.D., 1402 N. Grand, Pueblo, CO 81003. Call collect (719) 544-7463 or (719) 545-6770. 3/21589

SOLO PRACTITIONER to share beautiful new office in mid-town area. Perfect for Part-time Practice or startup. Adjacent to SJH and Pres. Denver. Panoramic Views. Contact Dr. Shure at 831-9393 or 779-4593. 4/21589

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colorado medicine

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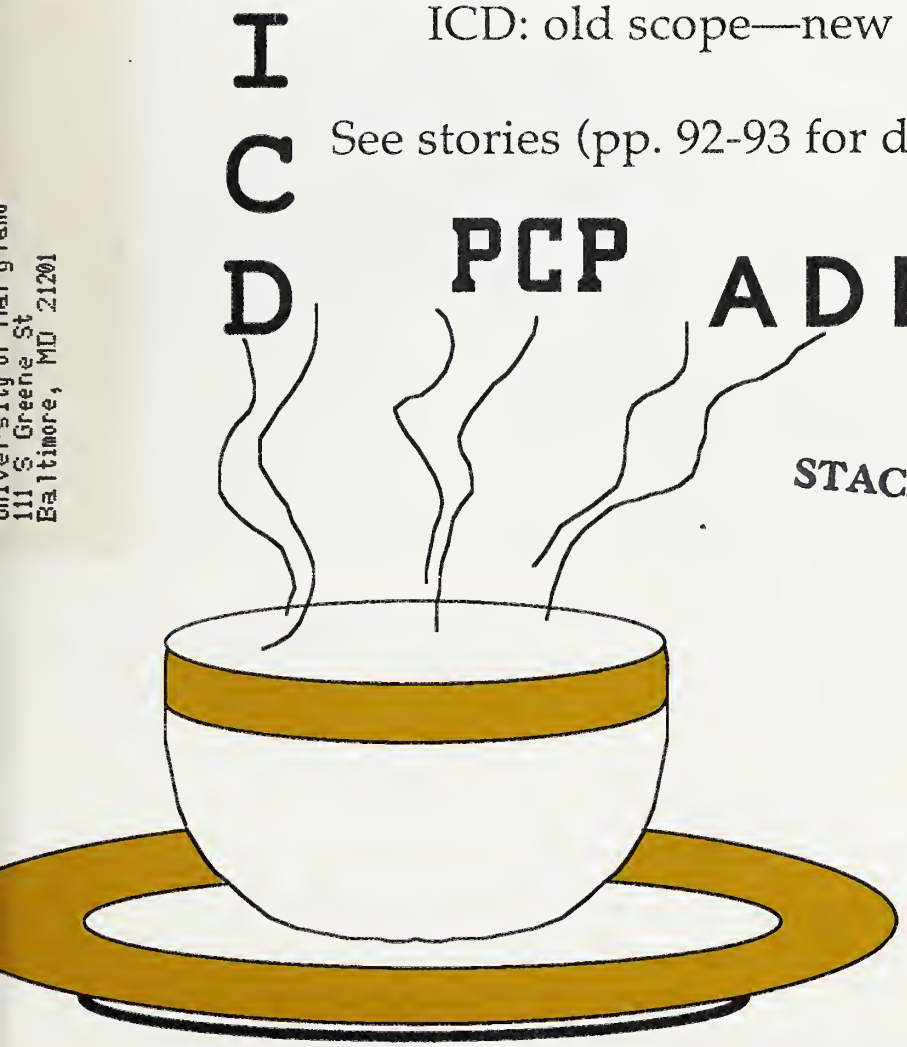
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March 15, 1989 Volume 86, Number 6

New recipe/changes in medical alphabet soup

ADR: adverse drug reaction
PCP: primary care provider
ICD: old scope—new requirements

See stories (pp. 92-93 for details)



University of Maryland
111 S Greene St
Baltimore, MD 21201

This issue—center section
Mile High News
Magazine supplement
CMS Auxiliary





OVER A CENTURY AGO,

a thousand visionary physicians across the nation bestowed a commemorative stone carving to the Washington Monument. This patriotic display symbolized their unrelenting devotion to a new republic founded on freedoms—including the freedom to practice medicine for the best possible health of all its people. *Today your help is needed to restore this symbol of our profession.*



Because the commemorative stone has suffered from severe erosion and defacement, the American Medical Association is launching a campaign to raise money from physicians to restore this symbol of medicine for the National Park Service. Every contribution made to this effort will serve as a statement of each physician's personal affirmation and commitment to health and medicine in America.

Please take part in rededicating the commemorative stone as a shining example of the strength of medicine in a free and strong society. Contributors who donate $100 or more will receive a memorial replica of the carving as a token of appreciation. Send your tax deductible contribution for this timeless symbol today. Thank you.

AMA AMERICAN MEDICAL ASSOCIATION

NATIONAL PARK SERVICE Department of the Interior

Yes, I want to affirm my commitment to health and medicine in America. Please accept my contribution for:

_____ Other
_____ $100
_____ $50
_____ $25

Please make checks payable to: AMA Stone/National Park Service. Mail your payment with this form to:

AMA Stone/National Park Service
P.O. Box 109016
Chicago, Illinois 60610-9016

_____
Name

_____
Address

_____

_____
City/State/Zip

All donations are tax deductible. All contributions will be publicly recognized in an unveiling ceremony for the new stone when it is fully restored.

Thank you for your contribution.

March 15, 1989

colorado medicine

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Sandi Maloney, Assistant Executive Director
Edie Register, Executive Assistant

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COMING APRIL 1!

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(Member responses and recommendations)
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COPIC

"Hold Harmless Clauses".

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new members

COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 5575 DTC Parkway, Suite 240, Englewood, CO 80111. Telephone (303) 779-5455.Outside Denver area, call 1-800-654-5653. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550. Adddress all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.
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Harold F. Frye, Executive Editor. William S. Pierson, Managing Editor. Michael Thompson, Ass't. Managing Editor

Medicaid/Medicare Update
The latest information...

Urgent Notice Regarging Medicaid Claim Denials

(provided by State of Colorado/Social Services and CMS Physician Services)

Analysis of Medicaid claim denials since implementation of revised Primary Care Physician Program (PCPP) system edits on October 3, 1988, indicates a significant increase in claims denied for invalid/missing PCP provider number. The use of this PCP provider number in billing for services rendered to eligible Medicaid patients is required to insure that a referral or authorization to treat the patient has been obtained from the patient's PCP.

> *"If the PCP's provider number does not appear in the appropriate space on the claim form, payment for rendered services will be denied."*

It is recommended that physicians review all Medicaid cards of Medicaid patients prior to rendering services to these individuals. If a physician's name appears on the Medicaid card, this physician is the PCP for the patient, and he/she must either provide or authorize the provision of medical services for the patient. The PCP must be contacted directly for authorization to treat the patient. In order to be reimbursed by Medicaid, the PCP's Medicaid provider number must be obtained and entered on the claim form as the referring provider number. If the PCP's provider number does not appear in the appropriate space on the claim form, payment for rendered services will be denied.

Refer to Medicaid Bulletin #B8801067, dated July, 1988 for information about proper billing procedures for the PCPP. Questions about billing procedures should be directed to Medicaid Communications Department at Blue Cross/Blue Shield.

Practitioners: (303) 831-0407
1-800-443-5747
Institutions: (303) 831-0214
1-800-443-6731 *CM*

Medicare Update:

Contained in this article are excerpts from the January 1989 Medicare Newsletter.

Medicare Part B Mailing Addresses
Effective immediately, Medicare will use post office boxes to facilitate the handling of your claims and correspondence. They would appreciate your cooperation in utilizing the appropriate P.O. boxes for all your claims and correspondence.

Claims Submission
NON-Participating Physician Claims
P.O. Box 173560
Denver, Colorado 80217
Participating Physician Claims
P.O. Box 300549
Denver, Colorado 80203

Correspondence
Medicare B
Coordination of Benefits
(MCOB, MSP) Correspondence
P.O. Box 173550
Denver, Colorado 80217
Medicare B Inquiries and Appeals
P.O. Box 173500
Denver, Colorado 80217

Unless otherwise indicated, responses to requests for additional information should be sent to:
Medicare
700 Broadway
Denver, Colorado 80273

Percutaneous Transluminal Coronary Angioplasty - Multiple Lesions
Procedure Y0400-Y0414
Percutaneous Transluminal Coronary Angioplasty (PTCA) is a Medicare benefit for treatment of a stenotic lesion of a single coronary artery in patients for whom the alternative treatment is coronary bypass surgery. PTCA of one lesion is a benefit. However, PTCA of multiple lesions on a single vessel or multiple vessels are allowed for payment only on an individual consideration basis (post-denial).

The Health Care Financing Administration has directed that the Medicare Carrier's Consultant make the final decision for coverage. Review of denied claims can be performed by the cardiology consultant only if the following information is submitted:

1. Admitting history and physical.
2. Operative report.
3. Gated blood pool studies, if performed.
4. Cardiac catheterization report.
5. Stress test results.
6. EKG and Echocardiogram.
7. Progress notes
8. Discharge summary.

Medicare Appeals personnel will verify that all the information required is present before requesting the consultant's determination. If the requested information is not received, consultant review cannot be performed and the denial of payment will be upheld.

Payment Floor
The Omnibus Budget Reconciliation Act of 1987 (OBRA) established minimum payment floors for all Medicare claims. Effective with claims processed on October 1, 1988, Medicare contractors cannot pay claims until 14 days after submission. Medicare physicians and suppliers will observe a "slowing" in claims payment because of this legislative requirement.

In order to follow-up on these claims, the contractor should not be contacted prior to 60 days unless a development letter has been sent. If a letter has been sent requesting additional information, you need to wait an additional 30 days.

CM

The Physician's Role in Reporting Adverse Drug Reactions in Colorado

The need for post marketing safety surveillance of drugs is recognized by all health professionals involved with the use of drug products. Premarket testing and clinical trials have inherent limitations that preclude knowing all the adverse effects that may occur uncommonly, after lengthy therapy, or in special susceptible populations such as the elderly or children. The duration of trials is becoming shorter, as in the case of the AIDS drug zidovudine; the indications studied are narrow and will not cover actual evolving uses after approval; and the number of people studied in clinical trials is small.

The detection and reporting of suspected adverse drug reactions (ADRs) is a major component of post marketing surveillance. Colorado physicians have the opportunity to play a crucial role in this process. Physicians' initial reports are more useful in the analysis and review of drug profiles because these reports arise from actual clinical practice. Direct reporting by medical practitioners is regarded by the Food and Drug Administration as the most efficient source for identifying reactions which subsequently are incorporated into a drug's labeling. Physician involvement in the reporting of suspected ADRs is essential to the success of the voluntary ADR reporting program.

The Colorado ADR Reporting Program is supported by the Federal Food and Drug Administration and is a cooperative effort of the Colorado Department of Health and the Rocky Mountain Drug Consultation Center. The goals of the program are to increase the awareness of mechanisms for ADR reporting and to encourage subsequent reports.

ADR Reports should be submitted when:

1. A reaction you suspect as drug related is SERIOUS and requires HOSPITALIZATION, emergency room treatment or results in a permanent disability, or;
2. There is an UNEXPECTED reaction which is thought to be drug related, or;
3. A suspected drug reaction results in a fatality, or;
4. ANY REACTION to a new chemical entity marketed in the last three (3) years.

"Serious reactions should be reported even if they are expected . . ."

FDA is interested in **serious** reactions to all drugs and **all** reactions to new chemical entities. Serious reactions should be reported even if they are expected, as such reports are useful in identifying patient characteristics which may pose increased risks.

In Colorado, there are two methods for the reporting of suspected ADRs. Physicians, or their representatives, may call one of two toll free numbers. The Department of Health number is 1-800-648-6636; the Rocky Mountain Drug Consultation Center number is 1-800-332-6475. These phone lines are open through daytime business hours; answering machines are provided after hours with calls returned the next business day. Physicians, or their representatives, may choose to fill out FDA form 1639 and mail it directly to the Colorado Department of Health, 4210 E. 11th Avenue, Denver, CO 80220. Two FDA 1639 forms were mailed to all Colorado physicians last fall. If more information or forms are needed, please call one of the toll free numbers mentioned above. ADR information may be reported anonymously if desired.

The Colorado medical community's response to the Colorado ADR Program has been encouraging and commendable. For the past two years, Colorado has averaged 43.5 direct ADR reports per year from health care providers. In the six month period of August, 1988 through January, 1989, the Colorado ADR Reporting Program has received 89 ADR reports. Forty-one (41) or 46% of the reports met the serious criteria of death, hospitalization or disability. The program is working, but it needs the cooperation of the most important participant—the practicing physician in Colorado.

COPIC COMMENT

SELECTED HIGHLIGHTS—COPIC BOARD OF DIRECTORS ANNUAL MEETING—FEBRUARY 16-18, 1989

THE COMPANY—1989

COPIC began as a Trust in 1982, $385,000 in debt as CMS provided the needed start-up funding; by 12/31/88 the successor entity, COPIC Insurance Company, reflects on its books total assets of $66,414,000, loss reserves of $41,126,000, and policyholder surplus of $11,461,000. Clearly your insurance company has emerged from its infancy, is in stable fiscal condition, and is properly positioned to address whatever challenges present themselves in this cyclical, tumultuous malpractice insurance business. Our current rates appear adequate for the losses we expect in policy year 1989; surplus has grown to the point that we now meet standard industry tests of capitalization and solvency; and our actuaries confirm that recent-year loss development and pricing decisions have produced a favorable financial picture for the company.

BOARD ACTIONS

Retirement Age. A careful analysis of the age distribution of insureds, along with actuarial studies of the financial implications of retirement age change, have led to the decision that age 55 is an appropriate age for COPIC insureds to retire with free tail coverage, following six continuous years as an insured with the company. This should come as welcome news to those physicians who are able to otherwise position themselves for "early retirement" and who need the assurance of uninterrupted liability coverage at no additional premium cost.

Part-Time Rates. Setting the price for coverage for part-time physician is a less than scientific process; we found in our survey that many of the other doctor companies simply do not offer such coverage. The COPIC policy, which permits reduced rates at less than 20 hours per week in practice time, is a "middle of the road" policy among companies which do offer such coverage, seems a fair policy in addressing as well as possible the needs of the part time physician and the risk exposure assumed by COPIC, and our existing policy was reaffirmed by the Board.

Risk Management Guidelines—Enforcement. Each COPIC insured physician has signed a Participatory Risk Management Agreement indicating his/her understanding of the Agreement, and pledge to practice according to the specified guidelines. Since we continue to see instances wherein physicians ignore those guidelines in their practices—and those instances produce losses measured in the tens or hundreds of thousands of dollars—the COPIC Board has instructed that, henceforth, stricter enforcement of the guidelines be carried out, including the provisions which specify premium surcharges (up to $25,000) and/or non-renewal of coverage.

The strong sentiment of the Board is that those physicians who choose to ignore specific guidelines ***to which they have already agreed***, and where that action produces losses which increase costs for all insureds, should share in payment for that loss and/or lose the privilege of remaining insured with the group which is adhering to established risk management principles.

K. Mason Howard, M.D.
Chairman of the Board/CEO

Larry W. Thrower
President/COO

HOLD HARMLESS AND INDEMNITY CLAUSES—REVISITED

COPIC continues to receive many inquiries from our insured physicians asking us to evaluate individual physician contracts with HMO's, PPO's, IPA's, etc., with particular reference to hold harmless and indemnity clauses.

First, a reminder that COPIC is not permitted to provide legal advice or interpret independent contracts between physicians and third party payor organizations. Each physician is strongly encouraged to secure individual legal advice before signing such contracts which contain unilateral hold harmless or indemnity clauses whereby physicians assume liability of others.

COPIC continues to inform physicians that the current COPIC policy excludes coverage for contractually incurred liability. Thus, coverage **does not** extend to liability of others which physicians agree to accept by signing a contract with an HMO, PPO, IPA or similar organization where the physician agrees to hold that organization harmless from or indemnify it against claims. In addition, coverage **does not** extend to administrative duties or other duties that do not arise out of a medical incident which may also be undertaken pursuant to such a contract.

The current COPIC policy **does** extend coverage to **individual physicians** who incur and report a claim that arises from injury to any person **caused by a medical incident** while performing medical services for a patient when both are under a contract with any HMO, PPO, IPA, etc. The COPIC policy also includes coverage for a COPIC-insured while serving as a member of a formal accreditation, standards review or similar professional board or committee.

While it is possible that, in some circumstances, a physician may wish to resolve the issue by negotiating the inclusion of mutual hold harmless clauses in such an agreement, COPIC believes that such negotiations should never be undertaken without the advice of an attorney. COPIC's position, however, is that it is always preferable to exclude hold harmless language from such a contract altogether.

Harry E. Grant, Vice President, Underwriting

MEDICAL NEWS

CPHP to Serve Dentists Too

by Jacqueline J. Soter, Executive Director, Colorado Physician Health Program.

The Colorado Physician Health Program (CPHP) has recently been awarded a grant from The Colorado Trust for $65,000 to provide its services to licensed Colorado dentists on a pilot project basis. Now in its third year of operation, the CPHP received a $100,000 grant from The Colorado Trust in 1986 to fund the program until permanent funding was established through physician medical licensure fees in September 1986.

The CPHP is a physician peer assistance program designed to educate Colorado physicians about diseases of addiction and other emotional, psychological or physical problems which have the potential to adversely affect their medical careers. When problems are identified, CPHP assists the physician into treatment and monitors recovery and rehabilitation on a long-term basis. The Colorado Dental Association (CDA) has requested that CPHP make its services available to dentists on a contractual basis. The grant from the Colorado Trust will allow the same or similar services to be available to dentists while the CDA seeks funding through an increase in dental licensure fees. This project will also allow CPHP to determine if it is feasible to provide services to another group of healthcare professionals.

The Colorado Trust was established and funded in 1985 as a result of the sale of Presbyterian/Saint Luke's Medical Center to American Medical International, Inc. *C/M*

X-Ray Inspection Law Takes Effect

June 30, 1989 is the final deadline for having any X-Ray machine inspected, according to Colorado Law and Department of Health Regulations. The Colorado Legislature passed HB 1040 on April 13, 1988 requiring the Colorado Department of Health to institute an X-Ray machine inspection program. That program took effect July 1, 1988 and all hospital and physician operated X-Ray machines must be inspected and certified within 1 year of that date and annually thereafter.

The CDH does not conduct the inspections itself, by state law, inspectors cannot be Health Department employees. It does, however, maintain a list of qualified inspectors, who have passed the standards for inspection of these machines. Many of the qualified inspectors are also X-Ray machine repair specialists or affiliated with companies who sell or maintain X-Ray equipment. These companies may have contacted physicians regarding the program.

See the October 1, 1988 issue of *Colorado Medicine* for a full explanation of this program. For more information and to check the qualifications of an inspector, contact David Gourdin, Industrial Hygienist, X-Ray Inspection Program, Radiation Control Division, Colorado Department of Health, 4210 E. 11th Avenue, Denver, CO 80220, (303) 331-8480. *C/M*

U.S. Biologist to Speak on Research in U.S.S.R.

Doug Murphy, a professor of cell biology and anatomy at the Johns Hopkins School of Medicine, will speak to the Denver Chapter of the Johns Hopkins Alumni Association March 21. Murphy will explain what it is like for an American biologist to live and conduct research in the Soviet Union. He describes his Soviet colleagues as "very enthusiastic and high spirited," not at all like the dreary image many people have of life in the Soviet Union.

The Alumni event will begin at 6:30 pm at Rolling Hills Country Club near Golden. For more information call Glenna and Mike Day at (303) 424-3392. *C/M*

Child Abuse Benefit Show

The first and second year medical students will present a talent show to benefit the Kempe National Center for Child Abuse, March 22 and 25 from 7-10 pm in the Denison Auditorium of the University of Colorado Health Sciences Center. The show is called *Twinkle, Twinkle, Little Stars*, and will also feature a silent auction. For more information and tickets call, (303) 270-7678. *C/M*

American Lung Association *Champ Camp* Enters 10th Year

The American Lung Association of Colorado (ALAC) plans to hold its *Champ Camp* again this year for children between the ages of 7 and 14 who rely on daily medications to control their asthma. The 10 year old program is the only summer camp for Colorado kids with severe asthma and boasts over 70 Physicians, Nurses and Respiratory Therapists who volunteer their time to provide 24 hour medical supervision.

Campers participate in daily asthma education sessions to learn lung anatomy, medication regimens, side effects and the latest asthma management techniques. They also learn "Aquastenics" a specially designed water therapy that teaches breath control and upper body conditioning.

Champ Camp will be held July 9-15, 1989 at the YMCA Camp of the Rockies in Estes Park and August 13-19 at Camp Elim in Woodland Park. Physician volunteers are needed to provide medical expertise during a 24 hour shift at camp. In addition ALAC is seeking for physician referrals of patients to camp and help to provide scholarships for campers. For more information contact Liz Seelenfruend, Program Manager, ALAC, 1600 Race St., Denver, CO 80206, (303) 388-4327. *C/M*

MEDICAL NEWS

ABA Endorses National Surrogate Parent Act

The American Bar Association's House of Delegates voted to endorse the *Uniform Status of Children of Assisted Conception Act* during its annual meeting in Denver February 2-7, 1989.

The Act, drafted by the National Conference of Commissioners on Uniform State Laws (NCCUSL), gives states two alternatives for state legislation dealing with surrogacy. Alternative A yields an enforceable surrogate contract between a married couple (at least one of whom must be genetically related to the child) and a surrogate mother. The agreement must be court approved, and entered into voluntarily by all parties. The contracting mother must be unable to conceive or bear a child, the contracting parents must meet standards that would qualify them to be adoptive parents and the surrogate mother must present medical evidence that she has had at least one pregnancy and delivery and that another would not pose unreasonable risk to either mother or child. Any of the parties may abrogate the agreement up to the time of conception and the surrogate has the right to decide to keep the baby for 180 days after that. After 180 days, however, the surrogate mother relinquishes all legal rights to the child and the contracting parents are entered on the birth certificate as the legal parents.

Alternative B renders all surrogate mother contracts void and unenforceable, and names the surrogate mother the legal mother of the resulting child.

The Act also deals with legal parentage of children conceived by any assisted means, such as in vitro fertilization, which the current law in most states does not adequately establish. The primary focus of the Act is establishing who the legal parents are, and other issues, such as the validity of surrogate contracts, are secondary to that purpose.

The Uniform Status of Assisted Conception Act was approved by the NCCUSL at its annual meeting in 1988 and has been recently introduced in North Dakota and Utah. It has not been introduced in Colorado. For more information on the National Act, contact John McCabe or Katie Robinson at (312) 915-0195 or Gabrielle Bamberger at (212) 333-5222. To find out more about the status of Surrogate Parenting in Colorado, call the CMS Government Affairs Office at (303) 779-5455 or 1-800-654-5353. *C/M*

Census Bureau to Take Over Medical Care Survey

Every year from 1973 to 1981, then again in 1985, the National Opinion Research Corporation conducted the National Ambulatory Medical Care Survey (NAMCS) as a field agent of the Centers for Disease Control. The survey will be conducted again in 1989, this time by the Bureau of the Census.

William F. Adams, Regional Director of the Bureau told CMS, "A large part of the study's success during those years has been attributed to the strong support and cooperation of the societies who endorsed NAMCS, and from the medical community in general." Adams asked for the continued support of the medical community in gathering this information.

The survey gathers information about the characteristics and problems of persons who consult physicians in their offices and, according to Adams, was originated in response to requests from the medical profession for systematic information in this area.

Census officials have begun contacting Colorado physicians for information to compile this study. To find out more, call Roger Bennett at the Bureau of the Census Regional Office in Denver, (303) 236-2200. *C/M*

Plastic Surgeons to Hold Risk Management Symposium

The American Society of Plastic and Reconstructive Surgeons will sponsor a pair of symposia on Risk Management called ***Preventive Medicine for Your Practice***. The first is to be held in Dana Point California June 9-11, 1989, the second in Snowmass Village, Colorado July 28-30. Each carries 12.5 hours of Category I CME credit and costs $450.

For more information contact:

Registrar
444 East Algonquin Road
Arlington Heights, IL 60005
(312) 228-9900.

Diagnosis Coding Mandate

A new provision in the Catastrophic Health Bill, effective April 1, 1989, mandates the use of ICD-9-CM diagnosis codes on all Medicare physician claims. Monitoring for compliance with this regulation will not begin until June 1, 1989. To assist you in complying with this provision, the Colorado Medical Society will be offering a number of seminars in late April and early May. Watch for complete details in the April 1 edition of ***Colorado Medicine***. This seminar will provide important information which will hopefully help avoid claim denials and, or Medicare sanctions and fines (up to $2,000 per incident).

It has come to our attention that an updated version (Third Edition) of the ICD-9-CM book is being published by the Government Printing Office. If ordered now, the books should be delivered by April 1st. The two-volume set is $43.00. You may order by calling (412) 644-2721 or (412) 644-2828. VISA and MasterCard are accepted. *C/M*

YWCA Program to Help New Working Women

Are any of your female patients contemplating a major life change? There may be some help available. The Young Women's Christian Association of Metropolitan Denver (YWCA) is beginning a program called ***New Dimensions*** to aid women who are planning to enter or re-enter the workforce. The program includes seminars, a support group and addition services to provide options for the future. For more information contact Dagnija Langberg at (303) 825-7141. *C/M*

Mile High News

1988-1989 Vol. 2, Issue 3 | Colorado Medical Society Auxiliary | March, 1989

Jan Baron, Editor

A MESSAGE FROM THE PRESIDENT

"Team Up for Medicine" with the idea of becoming a "Winning Team" has been the emphasis for this year. We established a game plan that was set into motion in September. A careful examination of the plays made so far indicate we are headed for the "Winner's Circle." The following is a briefing on what the CMSA Team has accomplished to date and a look at what is to come.

LONG RANGE PLANNING AND BYLAWS COMMITTEES - These two committees worked as a team to make the bylaw changes as correct and efficient as possible. As you will see by carefully reading the bylaw changes printed in this issue, a lot of time and effort was spent. A special thanks to these two committees. I would hope that once we get through these organizational changes that we can then spend our time in areas that will be of greater benefit to our members and the medical profession.



1988-1989 CMSA President Sharon Cunningham and President-Elect Catherine Yoder team up at Confluence...

HEALTH PROJECTS - The philosophy of this committee this year has been to encourage each auxiliary to determine that needs of their county and to develop the health projects to meet the demand. There are some impressive projects so HP Chairman, Joyce Sowl, is preparing a CMSA Project Bank Catalog that will feature these. This catalog will be a useful tool for counties looking for ideas so they won't have to re-invent the wheel. Thanks Joyce.

"DON'T BE A STIFF - BUCKLE UP FOR SAFE DRIVING" CAMPAIGN CONTEST is well underway with twelve high schools participating. The contest deadline is March 31 and the three cash prizes will be awarded April 20 during half time of the Nuggets - Spurs game.

LEGISLATION - Chairman, Ginger Underwood, coached a very successful Legislative Day on Feb. 13th with a record 105 auxilians and 55 legislators present. The "Capitol Hill Gang" started its state invasion on March 1 with three more such visits planned. The Phone Bank Alert System for AMA and CMS has been put into motion. See details inside. Good job, Ginger.

AMA-ERF - Our contribution to AMA-ERF has almost reached $17,000.00 This amount was raised through the Holiday Sharing Cards, the country store, the sale of tote bags, and memorial donations. This is outstanding.

NOMINATING COMMITTEE - A special thanks to Judy Cadigan and her committee who have provided us with an outstanding slate for 1989-90 as seen inside this issue. Our congratulation to all the nominees.

REGIONAL MEETING - We succeeded in having four regional meetings as planned. It was an informal, worthwhile experience for all who attended. We created profiles of auxilians as we see ourselves and as the public sees us. Some interesting differences were found and we'll take a closer look at these profiles in the May issue of Mile High. The Regional Directors did a splendid job of organizing. The feeling was that these regional meetings should be continued perhaps in the Fall when weather was nicer. Thanks to COPIC Agency who paid for the lunches.

CONFLUENCE - We took nine county Presidents-elect to the AMAA Leadership Confluences in Chicago. This is truly an experience that is a valuable tool to prepare them for their year as county presidents. We want to thank CMS for the additional financial support they have given to make this possible.

THE DIMENSIONS OF THE RETIREMENT TRANSITION - This was an informative service to members seminar on the retirement process sponsored jointly by CMSA and COPIC Agency on March 11, 1989 at the Denver Tech Hyatt Regency.

MEMBERSHIP - The most recent count shows that our membership has reached 1020 with La Plata County yet to send in their dues. This is down from last year about 50 members so you can see that this is an area we need lots of work. Increasing CMSA membership would also help county membership. If you consider all that 1020 members have accomplished this year, think of what increased numbers could do!

SPRING MEETING - CMSA looks forward to seeing all of you at the CMSA Spring Huddle, Installation, and Training Camp on April 19-20. Registration information follows. YOU ARE A WINNING TEAM AND YOU CAN'T BE BEAT. THANKS TO ALL OF YOU!

Sharon Cunningham President

ALL AUXILIARY MEMBERS ARE INVITED TO CMSA SPRING HUDDLE AND TRAINING CAMP - A CMSA EVENT

WHAT: CMSA Spring Meeting
WHEN: April 19-20, 1989
WHERE: Embassy Suites Hotel, 7525 E. Hampden Ave, Denver, Colorado 80231 — Tele. 696-6644
COST: Total Package including room and meals - $62.00

If you chose to attend just meetings, and two luncheons, cost is $22.00
❑ Double Occupancy Room - $40.00
Includes cocktails and breakfast on April 20.
❑ April 19th Installation Luncheon - $12.00
❑ April 20th Breakfast - $5.00 (for non-overnight only)
❑ April 20th Luncheon - $10.00

April 19 - The Business Huddle (Board and General Meeting)
9-10:00 a.m. - Registration
❑ 10:00 a.m. - CMSA Board Meeting
❑ 12:00 noon - Luncheon and Installation of Catherine Yoder and her Board. Cost is $12.00
❑ 1:30 p.m. - CMSA General Meeting
3:30 p.m. - 7th Inning Stretch for those who stay over!! Shopping!! Movies!! Excellent Restaurants!!
6:30 p.m. - Dinner on your own or with other CMSA members
8:30 p.m. - CMSA Chalk Talk for those who stay over!!

April 20 - The Leadership All Star Shape-up
❑ 8:30 a.m. - Breakfast ($5.00 if you do not stay over)
❑ 9:00 a.m. - Leadership Training Camp
❑ 12:00 noon - Luncheon ($10.00)
❑ 1:00 p.m. - Wrap-up (We will be finished by 2:30)

Please check the events you plan to attend, fill out the registration form below and send to Curley AS SOON AS POSSIBLE, BUT NO LATER THAN APRIL 1st! We hope everyone will attend the entire two day meeting. It will be more fun if you are there. This program is planned for all auxilians. We are looking forward to seeing you.

Name _____

County _____

Address _____ Zip _____

Phone _____

Choice of Roomate _____

Total enclosed _____

Please make check payable to CMSA and mail this entire form with the events checked you wish to attend to Curley Sawyer, 501 Birch St., Denver, CO 80220 REGISTRATION DEADLINE - APRIL 1. THE HOTEL SUGGESTS YOU MAKE RESERVATIONS ASAP. Questions?? Call Curley Sawyer 303-320-6506 or Sharon Cunningham 719-599-0257.



Catherine Leona (Will) Yoder (Mrs. Franklin) will be installed as President of the Colorado Medical Society Auxiliary at our Spring Meeting in April.

Catherine was born and lived in Kansas until she married her husband, Franklin, a Flight Surgeon, General Practitioner and Public Health Official, she met during World War II. They resided in Cheyenne, Wyoming, in Springfield and the Chicago area of Illinois and now are residents of Greeley. Their three children are: Diane Y. Janson, Jean Y. Willemin and Mary Frances. They have four grandchildren, Carol, Sonja, Rick and Katy.

Active in the medical auxiliary for many years, Catherine previously served as local and state president while living in Wyoming, and as county president and in various board positions on the state level in Illinois. More recently she served as president of the Weld County Medical Society Auxiliary and also as Health Projects Chairman and Membership Vice President of the Colorado Medical Society Auxiliary.

In addition to her medical auxiliary activities, Catherine has been involved in a variety of volunteer organizations including chairman of the Performing Arts at UNC, President of the Friends of the UNC Libraries, and of the University of Northern Colorado Alumni Association. Currently she is a board member, and has served as secretary, of the Greeley Philharmonic Guild.

She has been nominated as Weld County Volunteer of the Year and received an honored alumnae award from the University of Northern Colorado in 1987. While living in Illinois she was listed in Walton's "Illinois Lives."

A graduate of Sangamon State University, Illinois, with a Master's degree in English from the University of Northern Colorado, she enjoys doing historical research and is an active genealogist.

Catherine is an enthusiastic volunteer who enjoys working with people toward identifiable goals. She looks forward to serving as president of CMSA.



CMS Lobbyist Carol Tempest explains the workings of the Colorado Legislature to 105 Auxilians who participated in Legislative Day.

CMSA CAPITOL HILL GANG

The best way to keep up with legislation is to be WHERE IT IS HAPPENING—so we will do just that by observing at the Capitol during the legislative session as the CMSA Capitol Hill Gang. For each visitation, there will be host counties. These counties will make an extra effort to have members attend and will plan any additional activities such as lunch following. The county legislation chairmen can coordinate their plans. CMS Lobbyist Carol Tempest will coordinate our schedule for the Capitol which will be distributed when we meet in the Coffee Shop. Members and physicians who would like to attend also should join us at the Capitol as often as possible. Call CMSA Legislation Chairman by 4 p.m. on the Monday just before each date with the numbers of those attending, and I will then contact Carol. For each date, meet in the Capitol Coffee Shop on the lower level by the north door—Colfax and Sherman. Dates: Twice monthly on Wednesday/additional dates can be added—9:30-12:00, March 1 and 15, April 12 and 26 Host Counties: Clear Creek and Boulder - March 1, Denver and Arapahoe - March 15 El Paso and Pueblo-April 12, Larimer and Weld-April 26.

LEGISLATION CMSA PHONE BANK ALERT SYSTEM

Auxiliary members are identified in the congressional districts to serve on the AMA Auxiliary Phone Bank. These contacts can handle legislative alerts for AMA and CMS.

DISTRICT 1
County Assigned: Denver
Member: Carol Sides, 2550 S. Fairfax Place, Denver 80222, 303-757-0408

DISTRICT 2
County Assigned: Boulder
Member: Mary Lou Oppenheimer, 5325 Gallatin Pl, Boulder 80303, 303-444-9538

DISTRICT 3
Counties Assigned: Mesa and Pueblo
Members: Sue Smith, 2681 G 1/2 Road, Grand Junction 81506, 303-242-7475, Sharon Fowler, 1903 Bonforte Blvd, Pueblo 81001, 719-545-2201

DISTRICT 4
Counties Assigned: Larimer and Weld
Members: Vivian Otteman, 1109 Newsom, Ft. Collins 80524, 303-484-2546, Dorothy Sullivan, 1867 39th Ave., Greeley 80634, 303-330-6928

DISTRICT 5
Counties Assigned: El Paso and Fremont
Members: Rose Pollard, 1432 Bellaire Dr., Colorado Springs 80909, 719-633-0411, Louise Oldenburg, 3103 South St., Canon City 81212, 719-275-0552

DISTRICT 6
Counties Assigned: Arapahoe and Clear Creek
Members: Patti Brown, 6000 So. Eaton Ln., Littleton 80123, 303-762-8025, Beverly Sherman, 12331 West 16th Dr., Lakewood 80215, 303-232-5858

NOMINATING COMMITTEE REPORT

by Judy Cadigan

The following people have consented to have their names put in nomination for election to these offices:

President-elect	Doris Ballinger (Mrs. Carter)	Denver
Vice President	Patti Benson (Mrs. Alan)	Longmont
Treasurer	Pam Laman (Mrs. Muryl)	Pueblo
Treasurer-elect	Joyce Sowl (Mrs. Dee)	Boulder
Recording Secretary	Carrie Mountain (Mrs. Richard)	Arapahoe

The following people have consented to have their names put in nomination for election to the nominating committee:

Judy Cadigan (Mrs. Robert)	El Paso *
Carol Gibbons (Mrs. Ralph)	Aurora-Adams
Kathy Burket (Mrs. Charles)	Weld
Roberta Sadler (Mrs. Ted)	Mesa
Justine Artist (Mrs E. J.)	Weld
Bonnie Mebane (Mrs. David)	Montrose
Liesbeth Osa (Mrs. Steven)	Arapahoe

These people will be placed in nomination at the spring general meeting and will be voted on at that time.

* *The chairman is the hold over member for the following year.*

Changes in CMSA Bylaws

BYLAWS ARTICLE III—MEMBERSHIP
SECTION 2. CLASSIFICATIONS
A. ACTIVE

2. SPECIAL strike the words: **except for holding elective office.**

Add the words **except for holding the office of President or President-elect.**

So the sentence shall read:

2. SPECIAL—shall be one whose spouse qualifies for Colorado Medical Society membership, but who is not a Colorado Medical Society member. She shall pay dues, receive the official publications, and be entitled to all the rights and privileges of membership except for holding the office of President or President-elect.

4. Junior change the word **junior** to **Resident physician spouse**

Add the word **state**

So the sentence shall read:

4. RESIDENT PHYSICIAN SPOUSE—shall be the spouse of an intern, resident or fellow in a training program approved by the AMA. She is a resident physician spouse member of a county auxiliary and shall have all rights and privileges of state membership except that of holding elective office. Resident physician spouse membership shall terminate when she becomes eligible for regular membership.

ARTICLE V—DUES AND FISCAL YEAR
SECTION 5— FISCAL YEAR

The fiscal year shall be from April 1st to March 31st inclusive. (With the proviso, this bylaw shall become effective April 1990. Until then the fiscal years are as follows:

1988-1989— August 1, 1988- May 31, 1989
1989-1990— June 1, 1989- March 31, 1990
1990-1991— April 1, 1990-March 31, 1991

IN ARTICLE VI—MEETINGS AND QUORUMS
SECTION 1 A, Insert these sentences regarding the House of Delegates: **The House of Delegates shall be held at the Fall Annual Meeting. Election and installation shall be held at the Spring General Meeting**
It shall read:
ARTICLE VI—MEETINGS AND QUORUMS,
SECTION 1. AUXILIARY
A. There shall be a minimum of two (2) meetings per year, one to be held at the time of the Annual Meeting of the Colorado Medical Society, to be known as the Fall Annual Meeting; and the other to be held in the spring, to be known as the Spring General Meeting. The House of Delegates shall be held at the Fall Annual Meeting. Election and installation shall be held at the Spring General Meeting. Twenty-five (25) members representing at least seven (7) county auxiliaries, shall constitute a quorum.
ARTICLE VI—MEETING AND QUORUMS
Add new section 4:
SECTION 4. HOUSE OF DELEGATES
A. The House of Delegates shall meet at the annual meeting of the Colorado Medical Society Auxiliary. The House of Delegates shall conduct the business of the Fall Annual Meeting.
B. The President shall preside at all meetings of the House of Delegates and related functions, and shall charge the Reference Committees.
C. The composition of the House shall be as follows:

1. The County Delegates and all members of the CMSA Board Of Directors.

2. Each County Auxiliary is entitled to the Presidential delegate and delegates allocated on the basis of state membership as follows:

1-50 2 delegates
51-100 3 delegates
101-150 4 delegates
151-200 5 delegates
201-250 6 delegates, etc.

3. The Counties may have an alternate for each delegate position.

4. All delegates and alternates must be State Auxiliary members.

ARTICLE VII—OFFICER, BOARD OF DIRECTORS, EXECUTIVE COMMITTEE, AND TENURE
Change title to read
ARTICLE VII—OFFICERS, PRESIDENTIAL APPOINTEES, BOARD OF DIRECTORS, EXECUTIVE COMMITTEE, AND TENURE
ARTICLE VII
SECTION 1. OFFICERS
Delete section 1.A. and replace it with new section 1. The primary change is that officers will assume office in the spring instead of fall. The new section shall read:
SECTION 1. OFFICERS
The elected officers shall be a President, a President-elect, a Vice President, a Recording Secretary, a Treasurer and a Treasurer-elect. All except the President and Treasurer shall be elected at the Spring General Meeting of the Auxiliary; and all officers shall assume office at the close of that meeting.

Strike section 1.B and replace it with new section 2.
The new section shall read:
SECTION 2. PRESIDENTIAL APPOINTEES The presidential appointees shall be the Regional Directors, an Auditor, a Chaplain, a Corresponding Secretary, a Historian, and a Parliamentarian. All shall be appointed by the President-

elect after her election and prior to her assuming office as President.
SECTION 1.C will become new section 3 with the replacement of the words **appointed officers** with the words
So Section 3 shall read:
SECTION 3. TENURE
A. The President and President-elect shall not be eligible for an immediately successive term in the same office.
B. The term of office for elected officers and presidential appointees shall be one year. Elected officers and presidential appointees shall not hold the same office for more than two (2) successive terms.
SECTION 2 BOARD OF DIRECTORS
Section 2 will be the new section 4.
Delete the words the **Liaison chairmen**.
Add the words **Standing** and **Special**.
So the new section 4 shall read:
SECTION 4. BOARD OF DIRECTORS
The Board of Directors shall consist of the officers, the Presidential Appointees, the immediate Past President, The Presidents of County Auxiliaries, the Chairmen of Standing and Special Committees, and any member of the Auxiliary who is an officer, chairman, or a member of one of the committees of the National Auxiliary.
SECTION 3 EXECUTIVE COMMITTEE
Section 3 will be the new section 5.
Add the words **the Treasurer-elect.**
So section 5 shall read:
SECTION 5. EXECUTIVE COMMITTEE
The Executive Committee shall consist of the President, the President-elect, the Vice President, the Recording Secretary, the Treasurer, and the Treasurer-elect.
ARTICLE VIII— NOMINATING COMMITTEE ELECTIONS AND VACANCIES
SECTION 1. NOMINATING COMMITTEE
Add the words **at least two (2) of whom shall be from the board.** Delete the words **shall assume office at the close of the succeeding Annual Meeting.**
Add the words **and assume office**.
So the sentence shall read. A. A Nominating Committee of seven (7) members, at least four (4) of whom shall be from the general membership and at least two (2) of whom shall be from the board, shall be elected and assume office at the Spring General Meeting, and shall serve for one year.
ARTICLE VIII, SECTION 3. ELIGIBILITY FOR ELECTIVE OFFICE
Delete **Executive Committee**. Add **Board of Directors**
So section 3 A shall read: A. To be eligible for election or succession to the office of President and President-elect, a candidate must have served a full term as president of her county auxiliary or have served on the state Board of Directors at least two (2) years within the preceding five (5) years.
ARTICLE IX—DUTIES OF OFFICERS, BOARD OF DIRECTORS, AND EXECUTIVE COMMITTEE
SECTION 1. DUTIES OF OFFICERS
SECTION 1.A Insert the words **and the House of Delegates.**
So the sentence shall read: A. The President shall preside at all meetings of the Auxiliary, the Executive Committee, the Board of Directors, and the House of Delegates.
SECTION 1.C Add the sentence: **She and the Treasurer-elect shall be responsible for preparing and updating the roster and relaying the information to the C.M.S. to be entered into the computer.**
SECTION 1.E
Add the sentence: **She shall assist the Treasurer-elect with the preparation of the yearbook.**
SECTION 1,F,G,H, AND I will be moved to a new section 2.
SECTION 1 F. (new) Add the description of the duties of the Treasurer-elect, which shall read:
SECTION 1.F The Treasurer-elect shall obtain the greatest possible acquaintanceship with the duties of Treasurer and with Auxiliary policies; serve as a member of the Finance Committee; be a third signatory on the bank signature cards; and assist the Treasurer as requested. She shall also be responsible for the production of the yearbook, with the assistance of the Treasurer. She and the Membership Chairman shall be responsible for preparing and updating the current roster and relaying the information to the C.M.S. to be entered into the computer.
ARTICLE IX, SECTION 2 shall become SECTION 3, and SECTION 3 shall become SECTION 4.
The new section 2 is as follows:
SECTION 2. DUTIES OF PRESIDENTIAL APPOINTEES
A. The Regional Director shall communicate regularly with the State President, The Board of Directors, and the County Auxiliaries, Member-at-Large, and the medical societies without county auxiliaries in her region.
SECTION 2.B is section 1.F in the current bylaws.
SECTION 2.C is section 1.G in the current bylaws.
SECTION 2.D is section 1.H in the current bylaws.
SECTION 2.E is section 1.I in the current bylaws.
Re-number present standing rule 15 to 16, and add the following as new standing rule 15.
Standing rule #15 The Board of Directors shall consist of the following members, all of whom shall have a vote.
ELECTED OFFICERS: President, President-elect, Vice President, Recording Secretary, Treasurer, Treasurer-elect.
PRESIDENTIAL APPOINTEES: Metro Regional Director, Northern Regional Director, Southern Regional Director, Western Regional Director, Auditor, Chaplain, Corresponding Secretary, Historian, Parliamentarian.
STANDING COMMITTEE CHAIRMEN: AMA-ERF, Bylaws, Communications, Finance, Health Projects, Legislation, Liaison—(Amigos, Colorado Hospital Auxiliary, COMPAC, Hall of Life, Health Careers), Long Range Planning, Membership —(Resident Physician Spouses, Members-at-Large), Nominating.
SPECIAL COMMITTEES: Addressograph, Conventions, Emergency Benevolent Fund, Meetings, Project Care, Seat Belt Coalition.
ADVISORS: Immediate Past President, National Board of Committee Members,
COUNTY AUXILIARY PRESIDENTS
Standing Rule #11 shall read: The delegates and/or alternates to the National Convention shall be the Presidential delegate, the President-elect, the Immediate Past President, and the Membership Vice President (if feasible.) Other allocated delegates and/or alternates shall be selected from the board by the President and President-elect. The Immediate Past President shall present the oral report to the National Convention.

Meet Our Regional Directors!

BETSY BECKER METRO REGIONAL DIRECTOR

Betsy is married to Paul, a surgeon who is currently Chief of Health Programs - Federal Correctional Institution. They have two daughters. Jan (Mrs. Alan Coe) Mother of Amy, Lisa and Brian. Currently living in Orinda, CA after 4 years in Sydney, Australia - where Betsy got to visit 4 times. Their other daughter is Barbara (Mrs. Sergiu Herscovici). Mother of Sarah. They live in Denver - Barbara recently received a law degree and is now working on a Ph.D. in psychology.

Betsy is a graduate from the University of Iowa school of Nursing with an R.N. She served as an instructor and supervisor of the Communicable Disease Unit at the University of Iowa.

She has been an active volunteer in Arapahoe County and Denver County serving on many committees and also very active on the State and National levels of the Auxiliary. Betsy has also been the President of the following organizations; Porter Memorial Hospital, Colorado Association of Hospital Auxiliaries, Denver Symphony DEB Board, Founding president of the Denver Chapter-Freedoms Foundation at Valley Forge, Chairman of the Tables Extraordinaire-Assistance League of Denver, Administration Board- University Park United Methodist Church, Hospitality and Activities-International Science Fair, Co-Chairman, Colorado Medal of Honor Grove Committee, Trustee to the Colorado Hospital Association. Betsy has also worked on a number of community boards and committees. She is currently employed part time at Porter Hospital as a Volunteer Coordinator.

Honors include 1976 - South Kiwanis Volunteer of the Year, and she was also chosen as one of 10 Beautiful Activists of Colorado by the Denver and Germaine Monteil.

Her goals are to establish communication and share programs with the metro auxiliaries.

ROSE POLLARD CENTRAL REGIONAL DIRECTOR



Rose is married to Joe, a surgeon in Colorado Springs where they have lived since 1953. They have 4 children, 2 boys and 2 girls, the youngest is in college.

Rose was born in the Finger Lake region of New York State and is a Graduate of Highland Hospital School of Nursing in Rochester, New York.

Rose has been a member of the medical auxiliary for 35 years, holding more offices and board positions and serving on more committees than any other volunteer in the 65 year history of the organization. She also has served on the Colorado Medical Society Auxiliary State Board and virtually duplicated her volunteer efforts on the state level. She established an International Health Committee which for more than 10 years sent donated medical supplies to the West Indies. She helped establish the Medical Heritage Hall of the Colorado Springs Pioneers' Museum. The building where the exhibit is housed also was a project of Rose's. She lobbied legislators and civic leaders to keep the old courthouse from being demolished. She is a member of the Friends of the Pioneers' Museum and works in the gift shop. In 1962 she organized a polio immunization program for the Colorado Medical Society. She has worked the El Paso County Well Baby Clinics. Her most recent project is the Ronald McDonald House. She has worked in the house as will as on fund raising committees for it. Other projects include Operation Friendship, Health Careers Fair in Denver, Catastrophe Cottage, has been a fund-raiser for Memorial Hospital Auxiliary for 20 years and a volunteer with the Penrose Hospital Auxiliary for 15 years. She is an active member and administrative council officer of East United Methodist Church. She is also currently on the Child Health Council - an arm of the State Health Dept.

Rose was honored last fall the the Assistance League. They awarded her the Silver Bell Award which is the award for top woman volunteer of the year.

Her goals are to better acquaint Auxiliary members with others, and with State working and the help available to them.

Observations of a rural doctor's wife -

by Gail LaForce

After spending 9 years in varied medical metropolis situations, my husband chose to set up a private practice in a town of 10,000 people. I wondered what that meant for a doctors' wife.

My first realization was pleasant - it was actually going to be possible to meet every physician and wife in town. Moreover, I would have a change to know and enjoy the friendship of everyone who attended the Medical Wives' Auxiliary. How refreshing it is to have conversations with these women who know the frustration of a 1 a.m. beeper call, fathers that never get to dinner till 7 p.m., and bills paid according to harvest times!

Conversation was also part of my next observation. In large cities you could make a casual remark about some hospital and it might never get beyond the next table at the auxiliary meeting. In the rural setting, there's only one table at the largest meeting -so the content of conversations is fiercely guarded-lest it become public record before the day is out.

Also while living in larger cities, with large patient populations, I can't remember ever having anyone call to ask if I could confirm or deny rumors about a particular physician. In this smaller, more relaxed setting, it has happened with frustrating frequency. I quickly had to develop a standard line to the effect that I like the physicians and their families in this town, so I refuse to be involved in gossip about them.

Other experiences are indeed universal, but because of the small community they become more exaggerated. For example, if a patient in a metropolitan setting leaves his physician and doesn't request records, the doctor can only guess where the patient may have gone. When we moved to Sterling, as the only pediatrician in a 70-mile radius, doctors who lost young patients felt they were able to make a pretty accurate guess!

continued next page...

Northeast Colorado Medical Wives Auxiliary -
By Gail LaForce and Diane Lopez

A charity auction each December has become the hallmark of the Northeast Colorado Medical Wives Auxiliary. Each wife is requested to bring a homemade item - and we have received baked goods, needlecraft, pencil sketches, home canning, and stained glass, to name a few.

Auxiliary wives take turns hostessing and opening their holiday-decorated homes for this event. After trying an assortment of eating situations, we have discovered the most successful is to have each wife bring an hors d'oeuvre, while the Medical Society provides meat trays, bread, and beverages.

Invitations are issued to each physician in Northeastern Colorado, explaining the auction and reminding them to bring their checkbooks! After everyone arrives and samples the foods, we begin the auction. We have found a most successful auctioneer in radiologist, Dr. Kay Wagner, and are delighted to use her abilities each Christmas. Knowing the proceeds go to charity, bidders are willing to pay top dollar. We have sold baskets of homemade breads and preserves for as much as $250. and a large stained-glass work brought $400. The 1988 auction saw a basket of 20 chocolate chip cookies sell for $32.

After the auction, participants gather to sing carols - giving physicians a chance to share their singing and guitar-playing talents. We have found the greatest success of this gathering to be the opportunity for fun and fellowship, in a nonmedical setting.

Northeast Project

Each January, we have a luncheon meeting to hear suggestions and requests for the coming years' projects. In 1988 we donated funds to the Blue Skies Riding Center in Sterling, which is dedicated to helping youngsters with mental and physical disabilities, as part of the North American Handicapped Riding Association. Our donation was used for a pony saddle and special riding cart.



Mai Wisdom of Blue Skies Riding Center (standing) and Beverly Dowis, President, NE Colo. Medical Wives Auxiliary

The most exciting part of our 1988 donation was planning and preparing an outpatient chemotherapy room for Sterling Regional Medical Center. Auxiliary members painted the room then purchased 2 recliners, drapes, ice caps, and carpeting.

This year we have donated funds for educational posters for the NE Colorado Health Department. Then, when our new hospital is finished this summer, we will be contributing funds for extras. Already we have voted to purchase a new rocking chair and wall decoration for the OB-GYN Department. We are deliberating on other suggestions - such as the decorating and furnishing of a doctor's lounge/library.

Sterling and other rural cities share a special community spirit which is contagious. Therefore, it is our joy to share funds in a way that will be beneficial to residents throughout Northeastern Colorado.

El Paso County News.
by Susan Williams

The El Paso County Medical Society Auxiliary organized a New Year's Eve Gala held at the Broadmoor Hotel to benefit the Lillian B. Morrison Scholarship Fund and The Ronald McDonald House. The Band for evening was the nationally know Flash Cadillac. The net profits for the evening were approximately $14,000 with each charity receiving approximately $7,000. The major sponsor for the fun filled evening was Star Group Communications represented by Mr. Terry Robinson.



Photo by Johanna Fischer Pictured are Dr. Charles Zinn, Susan Williams, Terry and Peggy Robinson, Clyde Williams, and Helen Zinn

SCHOLARSHIP ANNOUNCEMENT
by Dianne Oliveira

With the funds raised by the New Years Gala, El Paso is currently accepting applications for the Lillian B. Morrison Scholarship Fund. The scholarships will be awarded to students in medically-related fields. Other funds for the scholarships come from the Holiday Auction held in December.

Rural Doctor's Wife...

However, overall, there is no more supportive or generous patient population than the small community. Gifts and cards pour in from patients on holidays, and many patients know the physician's family as well as the physician. Also, I have observed patients guarding their physician, his diagnosis and treatments, as well as his reputation, with a fierceness that I have never before observed.

Much to the frustration of our accountant, we have had to set up a bookkeeping system that considers fair market value and record of receipt for tax purposes! Nevertheless, I love barter! During bad times, farmers and ranchers have paid their bills with chicken, eggs, beef, corn, and even melons!

Finally there is the trauma of a physician leaving a small town. In the midst of the large city, there is always another doctor available. In the rural area, there are many complexities. first is the limited number of specialists. In our town, there are 3 general surgeons, 2 internists, 1 OB-GYN, and 1 pediatrician. If just one of them leaves, there is a real "crunch". First there are no others in those fields to turn to in this immediate area. Also, the sudden release of several thousand patients/charts can add great burden to existing practices.

With only three years experience in Rural Colorado as a physician's wife, I must say that for me the overwhelming odds are in favor of this setting!

Larimer Auxiliary Fund Raising Auction a Success

from Moonyeen Cook

The Larimer County Medical Auxiliary will contribute $9,700 to Fort Collins area community groups and organizations, after their successful 1989 Auction. Contributions by local physicians and businesses made this year's auction proceeds a record high.

Funds from the Auction will be donated to the Fort Collins Chapter of the Multiple Sclerosis Society of Colorado, the Activities Youth Center, the Hall of Life Outreach Program to the 6th graders of the Poudre School District, the Larimer County Sheriff's Department Drug and Alcohol Prevention Program, the Poudre School District Teen Mother Program and the Poudre Valley Hospital Foundation Children's Charity Fund.

Dear Auxilians:

It was my privilege to join Presidents-Elect Andria Welch, Weld, Marilyn Manhart, Montrose, Cheri Roy, Mesa and Susan Williams, El Paso, at the American Medical Association Auxiliary Leadership Confluence in February at the Drake Hotel in Chicago. Also in attendance were Mary Hanson, AMAA Western Regional Vice President, Sue Barnard, AMAA Long Range Planning Committee Member, and Sharon Cunningham, Colorado Medical Society Auxiliary President.

The programs and planned activities were outstanding and I encourage the President-Elect of each county to take advantage of this excellent opportunity to learn more about leadership and the issues confronting the world, our communities, the Medical Societies and our own Auxiliaries. With eight CMSA members in attendance each session was covered by one or more Colorado Auxilians. Some of the tapes and videos have been purchased by CMSA and are available to you. Just write to us at CMS headquarters or contact me personally at 356-7997 and we'll ship them to you for use at your meetings. Those available at CMSA are:

Video Tapes:—AMA Auxiliary - A Voice to be Heard
AMA President, President, Mary Straus - 5 minutes
—Family Stress through Malpractice Litigation
—Malpractice in the Medical Family
—Marketing Membership (excellent for executive committees or auxiliary)

Audio Tapes:—AMA President, Mary Straus - Inaugural Address
—Alene Moris' Motivation and Leadership tape - a must for auxilians
—Adolescent Health Problems
—AIDS Education and AMX 843 AIDS Education for Youth Community Action Against Smoking
—So Now You're Going to be an Auxiliary President
—Substance Abuse

Other audio tapes available from AMAA at $9.00 each are:
AMX 831 Effective Programming for Quality Meetings
AMX 832 Team Efforts - Medical Societies and Auxiliaries
AMX 833 Providing Support Systems for Members' Needs
AMX 836 How to Run A Meeting
AMX 837 Writing it Right
AMX 838 American Medical Political Action Committee
AMX 839 Networking - An Invaluable Tool
AMX 840 Legislative Update
AMX 841 The Nursing Shortage
AMX 844 Teen Suicide Prevention
AMX 845 Intergenerational Programming for Older Americans

Please contact me if you need other resource material when planning your meetings.

Catherine Yoder, President -Elect CMSA

CMSA has received thanks from Eugene Jacobson, M.D., Dean of the School of Medicine, University of Colorado for your efforts in raising funds for AMA-ERF projects such as medical student research and the pilot course "Wellness." We have not completed our task for this year yet, though. Won't you take a moment to look over the idea below, and then make a tax deductible contribution to this worthwhile cause? We think you'll find the benefits gratifying. Look for more details on this year's AMA-ERF project in the next issue of Mile High News.

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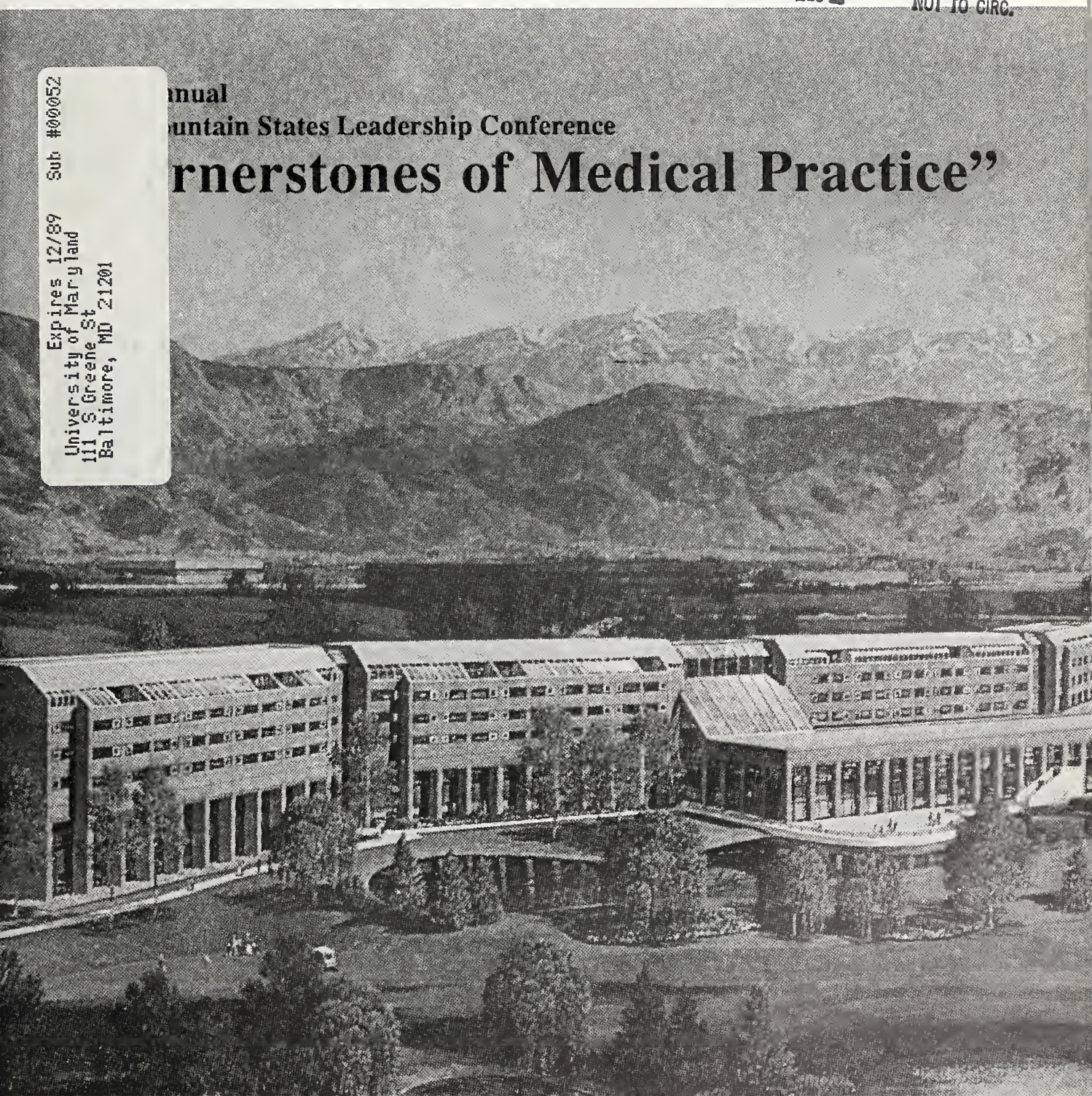
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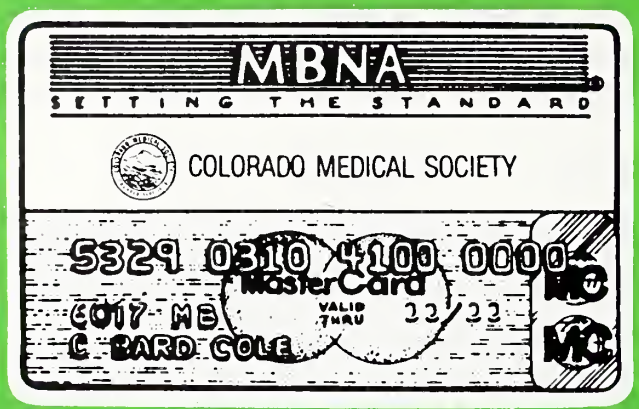
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April 1, 1989

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Dr. Robert Hartley explains the mission of CMS at the Interim Session of the House of Delegates

110 — **EXECUTIVE DIRECTOR UPDATE** — Highlights of the Interim Meeting and the upcoming Leadership Conference
Hal Frye, Executive Director, CMS

110 — **READERSHIP SURVEY - What You Said You Want**
Colorado Medicine taking on a new look, in accordance with the CMS membership responses. And CMS steps out to tell the story about Colorado physicians.
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111 — **FOR PHYSICIANS ONLY** — Items for Colorado Physicians
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- Alamo Exec opposes new legislation—an update on a member service and how it affects you

112 — **ROCKY MOUNTAIN STATES LEADERSHIP CONFERENCE**

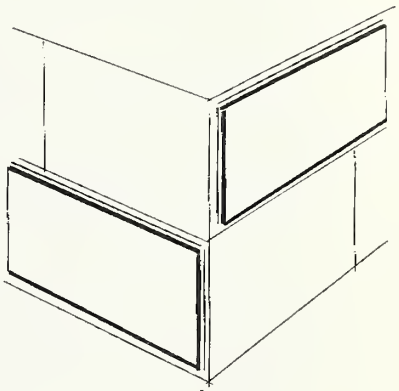
"Cornerstones of Medical Practice" to be held in Denver April 27-30, 1989

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114 — **MEDICAL NEWS**
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Harold F. Frye, Executive Editor. William S. Pierson, Managing Editor. Michael Thompson, Ass't. Managing Editor



Robert D. Hartley, M.D.
President
Colorado Medical Society

To Protect and Serve

(Ed. The following is taken from the text of Dr. Hartley's address to the Interim Session of the CMS House of Delegates March 11, 1989)

The more that I see this medical society in action and get an understanding of the various programs and efforts that we are involved in, the more it seems appropriate to borrow this slogan from the police department. This truly does describe the current activities of the Colorado Medical Society. We are working to protect and serve not only our profession but also our fellow citizens.

"We are working to protect and serve not only our profession but also our fellow citizens."

I would like to emphasize only a few of those activities for you. Last fall, Ellen Stein attended a national meeting on jail health care at which CMS was given an award for its outstanding program. The Department of Communications put out a superb Physicians Directory last fall. In addition, our continuing role with the Colorado Code of Cooperation Committee is probably the oldest in the nation. This committee, which includes the Colorado Hospital Association and the print and electronic media, looks at the ethics in reporting medical issues. The Membership Department has been active, increasing our membership to over 4,150. They continue to look for ways to expand member benefits such as the 10% reduction in premium in malpractice insurance with COPIC and the Prime Financial Benefit Trust.

The Division of Government Affairs has been going non-stop since last year. They went from the busy and successful effort in the Legislature to pass meaningful tort reform into a very active election year. Since then, the demand of the shortened and more open legislative session have been great. While we don't have major legislation this year like tort reform, there are many bills which involve and affect medicine. Expansion of Medicaid to increase access for prenatal care is our Number One legislative priority this year. I hope that you are staying current and involved in that process.

The Physician/Patient Advocacy Council has been very active on our behalf. A major thrust has been to begin working with the problems involved with third party payors. The Peer Review Oversight Committee was formed as a strong advocate for physicians primarily in the area of peer review. They are very anxious to help intervene in the process when you are having problems.

We have continued to monitor and work with the Colorado Health Data Commission. Because of this, there have been significant modifications in the direction and decisions that they have made. The Council on Medical Service is actively looking at a minimum benefit package. The Council on Community Health Issues is involved in the issues of AIDS, smoking and radon, to name just a few.

In addition, we have separate Task Forces which are looking at Quality of Care, RBRVS, and business community relations. This adds up to about 400 physicians working in about 35 different Councils, Committees and Task Forces which are working to Protect and Serve both the lay community and the physician community.

We must improve the public image of the medical profession...

The Public image of the medical profession is one of the three areas of most concern to Colorado physicians. Involvement in the kinds of activities we have just discussed can be of great benefit in this regard. We also have to do a better job of communicating these activities to the rest of our fellow phy-

"Colorado Medical Society will be the leader in Colorado in advocating excellence in the profession of medicine and in the provision of medical care."

CMS Mission Statement
Adopted September, 1988

sicians and especially to the public. We recently had the AMA do a communications audit. The recommendations from that audit should help us in getting the word out and obtaining a higher profile.

"There is a lot of discussion nationally about physician entrepreneurs."

If we are going to increase the public image of the profession there are ways for us to do it. We must constantly strive and make decisions regarding our patients which are sound medically and are in their best interests. I think that a lot of the negative reaction toward us today we have brought upon ourselves. There is a lot of discussion nationally about physician entrepreneurs. This has involved physician ownership in laboratories, imaging centers, day surgery centers and other diagnostic and therapeutic modalities. Congressman Pete Stark from California is introducing legislation in congress so that physicians could not refer patients to an entity in which the physician had some ownership. I am convinced that most physicians who have a lab or X-Ray equipment in their office do not over utilize this. They use it as a convenience and time saver for both themselves and their patients. There are, however, instances when this has been abused. These are the stories that are being told in Congress.

We have also heard some of our colleagues bragging about how much money they are currently earning and that they need to keep this up because it probably won't be possible in another three to five years. Understandably, we are always being identified with those few who are stretching the limits and not with the overwhelming majority in the middle. We must not be afraid to

"The profession of medicine is still the best."

speak out when we see this happening. This is also true in the peer review process. We should not tolerate "bad medicine" and we should be vocal about it.

There are three positive steps which we can take. The first is to treat our patients as we would like to be treated if we were the patients. The second is to become more visible and involved in our local communities. We physicians are very fortunate and need to give something back to the community.

The third is that we need to think

"we need to think positively about ourselves"

positively about ourselves. How many times do we hear physicians saying, "I wouldn't be a physician if I was starting over," or "I am telling my children not to become physicians." The profession of medicine is still the best. I would not want to be anything other than a physician. I would be proud if one of my children wanted to become a physician. Until we talk positively about the profession, how can we expect the public to do so?

Last September, we adopted a new Mission Statement for the Colorado Medical Society, "Colorado Medical Society will be the leader in Colorado in advocating excellence in the profession of medicine and in the provision of medical care." We should accept this as both a statement of philosophy and a goal. In that way we will continue to protect and serve. *CIM*

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EXECUTIVE DIRECTOR UPDATE



Hal Frye,
Executive Director, CMS

Interim Meeting of the House of Delegates Draws Record Attendance

Highlights of the meeting include a resolution calling for CMS to support a resource based relative value approach as a method of Medicare reimbursement with no modifiers arising from geographic variations.

A second resolution adopted states that CMS supports early health education and the distribution of safe, more effective methods of family planning for males and females as primary methods of birth control; that the termination of pregnancy be recognized as a medical intervention; that neither the state nor the federal government should interfere with the physician/patient relationship and the ability of physicians to administer medical treatment and counsel their patients on all options for the management of unwanted pregnancy unless there is compelling state interest in which case the regulations must be reasonably related to those interests; and that the Colorado Medical Society policy does not prohibit the voluntary participation of a physician in the termination of pregnancy in accordance with sound medical practice.

CMS Hosting the Second Annual Rocky Mountain States Leadership Conference

This Leadership Conference is being held April 27-30, 1989, at the new Scanticon Conference Center. For further details see pages 112-113.

Readership Survey "What You Said You Want"

*by **Bill Pierson***
Director of Communications

In the fall of 1988, ***Colorado Medicine*** looked back over 4-plus years of publishing a twice-monthly magazine which was crammed with information, nearly devoid of any styling, and often referred to as the "generic" magazine. The format and frequency (and even the styleless, generic appearance) served an important function during a rough period. But with a new look to Colorado Medical Society, our magazine needed to be reconsidered: Does it still serve a need of the CMS membership? Would a change in content and thrust be helpful to members? Can CMS afford to continue to publish a "generic," every-other-week "newspaper" or should we revamp, bring back the style of our earlier, award-winning periodical?

We asked the readers, and we hope what we start producing in July, 1989, once each month, will be a culmination of all your suggestions and requests. We're *"tooling up"* for the new look now.

The specific results of the survey will be published in the next two issues of ***Colorado Medicine. Watch for it!***

You may have noticed that Colorado medical Society is showing its colors under a new "logo".

You'll see this logo often in the future, because it represents Colorado Medical Society stepping out before the Colorado public to help identify this organization with its mission statement: ***"CMS will be the leader in Colorado in advocating excellence in the profession of medicine and in the provision of medical care."***

In the "new" ***Colorado Medicine*** the staff will strive to keep this fresh, new look paramount so that your information flow is easy and enjoyable to comprehend and use. There'll be more features that will highlight specific activities of CMS Councils and Committees. The separate sections of CMS (Women In Medicine, Young Physicians, Hospital Medical Staff, Residents, etc.) will be distinct and the reports and activities easy to follow.

Colorado Medicine now has an advertising sales representative firm, Denver Media Sales, which will help us in better placement of advertising and a much more effective publishing operation. Whatever the "inside" activities of CMS and ***Colorado Medicine***, our theme remains:

Colorado Medical Society: Working For You!

Medical License Expirations

The Colorado Board of Medical Examiners is advising all physicians that their current licenses will expire May 31, 1989. Information regarding renewals will be mailed to the latest address of record on file with the Board office. If you have moved but not reported a change in your practice or home address within the last two years, please do so in writing by April 15, 1989. The Medical Board will be mailing renewal packets after that date. Address changes should be made in writing to the Colorado Board of Medical Examiners, 1525 Sherman, Suite 132, Denver, CO 80203.

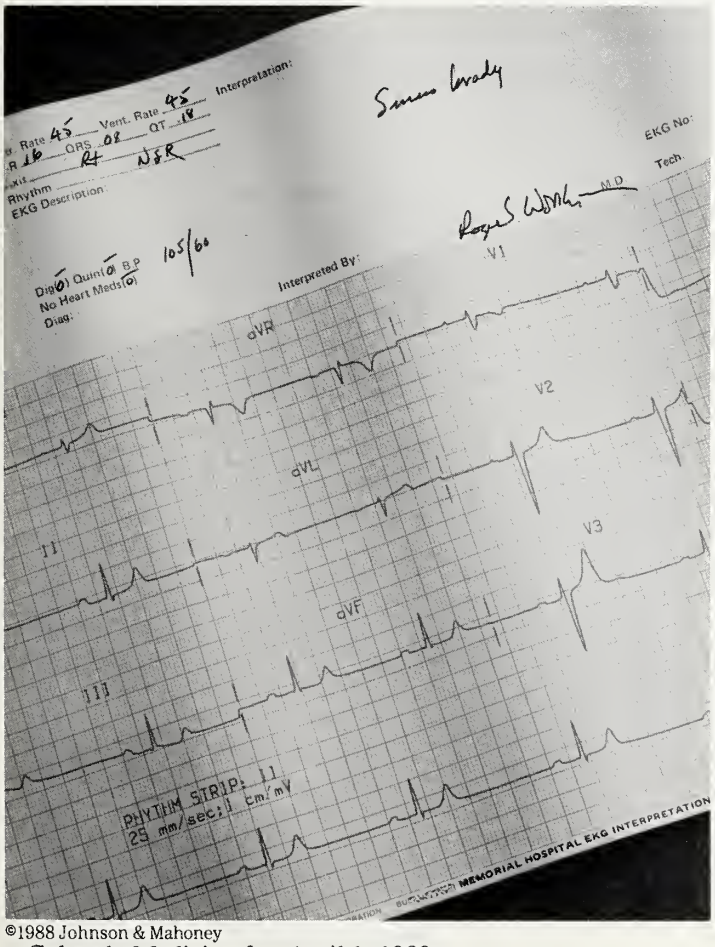
Shannel B. Lorance
Office Manager

Alamo Exec Opposes New Legislation

Legislation took effect January 1, 1989 in Illinois which would eliminate the sale of Collision Damage Waiver by car rental companies. This would have the effect of limiting the renters liability for damage to a maximum of $200 in that state. That might sound good the the renter, but Jeff Hawkins, Assistant Director of Conventions and Associations for Alamo® Rent A Car, says it will ultimately increase the amount of money you pay for a rental car.

Hawkins cites the support of several other car rental companies for the legislation, while at the same time those same companies are raising their rates in the affected markets by as much as $15 per day. He says that the end result of legislation such as this will not be positive for renters.

CMS members participate in the Alamo Association Rate Program, which has been redesigned this year in light of such changes as the new Illinois law. Alamo will provide Daily Rates (including a free initial fuel supply), unlimited free mileage, a $3,000 deductible and Primary Liability Insurance (except in Florida) as part of their package effective April 1, 1989. Rates under this plan range from $33 per day for an economy car, to $41/day for a luxury automobile, plus any special taxes or fees required. Rates are lower in Florida and Hawaii. For more information, call Alamo at 1-800-328-8017 to ask about the Alamo Association Rate Program. To make reservations, call 1-800-732-3232 and request Plan "BY" 93238. Tell them you are a member of Colorado Medical Society.



IF YOUR LAWYER CAN'T READ THIS, YOU MAY BE ON DIFFERENT WAVELENGTHS.

Your lawyer should be able to interpret more than just the law. The lawyers of Johnson & Mahoney, P.C., have been defending Colorado physicians for 25 years. We are medical lawyers who speak your language and understand your problems. Our expertise comes from more than just our many years of experience in medical litigation. Some of our lawyers are also doctors. They have practiced law and medicine, and can offer both legal and medical perspectives.

We also have medical experts on staff for consultation because of the specialized nature of our practice.

Call us to discuss risk management or to answer any questions that may arise.

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Second Annual
Rocky Mountain States Leadership Conference

"Cornerstones of Medical Practice"

Conference Cornerstones:

"Physicians today are facing major changes in the health care system. I urge physicians to participate in this very important conference. Information will be presented that may help physician in forming the future of medicine."

John F. Farrington, M.D.
President-elect
Colorado Medical Society

The Second Annual Rocky Mountain States
Leadership Conference
"Cornerstones of Medical Practice"
at
The All New
Scanticon Conference Center
Inverness at Denver Colorado
April 27-30, 1989
Call (303) 779-5455
or 1-800-654-5353
for a registration brochure or more information.

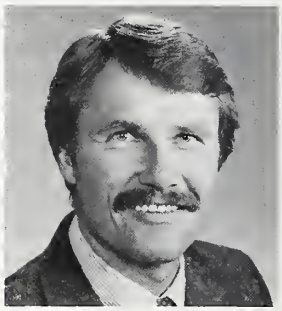


Beach Hall

Do you want to know something about the business aspects of what you do? Even the most astute physician sometimes has difficulty with the economic factors of medical practice. Some of the answers may lie in the mind of **Beach B. Hall,** Assistant Director of Health Care Benefits for General Motors Corporation.

Beach Hall has worked for General Motors since 1956 and has served in a variety of capacities at the corporate and divisional levels. He has held his current position since 1984 and prior to that, served as Assistant Director of IUE Coordination and Special Benefits. He has also been in charge of various personnel operations. His current job responsibilities include research, development, design, coordination, communication and administration of health care benefit plans for GM's U.S. employees, including negotiation of such plans with the unions representing those employees. Such a man would need to know health care issues.

Mr. Hall is familiar with more than health care though. He was graduated from Carleton College and subsequently received a Master's Degree in Business Administration of Ball State University. This makes him the kind of person to speak on the "Business View of Health Care" at the Second Annual Rocky Mountain States Leadership Conference.



John Kitzhaber, M.D.

In a world where everyone is above average (after all, it takes more than average commitment just to *become* a physician) **John Kitzhaber, MD** tends to stand out. For one thing, he is President of the Oregon Senate.

John Kitzhaber received his Bachelor of Arts Degree in biology from Dartmouth College in 1969 and was awarded the Doctorate of Medicine by the University of Oregon in 1973. He served as an intern at General Rose Memorial Hospital in Denver and as Associate Professor at the Oregon Health Sciences University in Portland.

Currently Senator Kitzhaber is a practicing Emergency Physician in Roseburg Oregon, a position he has held since 1977. He has been active in the legislature on issues of public education, land use planning, water policy, and a wide variety of health care issues including uncompensated care and resource allocation. he has been active with "Beyond War" and Physicians for Social Responsibility".

Dr. Kitzhaber has been elected to three terms in the Oregon Senate, following a term in the House of Representatives there. He has served on the Trade and Economic Development, Agriculture, Human Resources, Banking, Aging, Revenue, and Energy and Environment committees. He is also currently in his third term as President of the Senate.

Dr. Kitzhaber will speak to the Second Annual Rocky Mountain States Leadership Conference on "Rationing of Health Care Services."



Thomas Reardon, M.D.

Thomas R. Reardon, MD is a very busy man, but he still takes time to smell the roses.

Dr. Reardon started his medical career right here in Colorado, with a degree from the University of Colorado in 1969. He followed this with an internship in Baltimore and three years in the U.S. Air Force. He has been in General practice in Portland Oregon since that time.

The Multnomah County Medical Society, the Oregon Medical Association, the American Medical Association, the Oregon and American Medical Political Action Committees and Alpha Omega Alpha have all held his attention over

the years. Dr. Reardon served on numerous committees at the county level and was given the Distinguished Service Award for his work in 1982. He was President of the county society and President and Vice President of the Oregon Medical Association, along with serving as chairman and member of many OMA committees.

He has been active on the national level as well. In addition to his Active Staff status at Providence Medical Center in Portland (where he also serves on the Executive Committee and By-Laws Committee) and Courtesy Staff at Emanuel Hospital there, Dr. Reardon has taken the concerns of his hospital staff colleagues to Chicago as a member of the AMA steering committee, Hospital Medical Staff Section and as the AMA Delegate, AMA Hospital Medical Staff Section.

Dr. Reardon, in addition to his active General Practice in Portland, serves as the AMA Representative on the Congressional Commission on Physician Payment Review for Medicare. Commissioner Reardon has held this position since 1987. He hasn't let the national activities make him forget his local community though. He belongs to the Greater Portland Business (Coalition) Group on Health and is a member of the Advisory Committee for the Oregon State University Extension Service.

Dr. Reardon's services as a speaker are quite in demand. He has spoken to numerous state HMSS meetings and state leadership conferences, along with the three appearances on the program of the AMA Leadership conference. He was a speaker at the American Medical Professional Review Association just this past fall.

This experience and his expertise prepare Dr. Reardon quite adequately for his task as a featured speaker at the Rocky Mountain States Leadership Conference, where his topic will be "What's Ahead in Physician Payment Systems".

Those roses? Dr. Reardon also takes the time to serve as a member of the Portland and American Rose Societies and was Chairman of Judges for the Portland Rose Festival Parade from 1979-1985. You can take time to smell the flowers.

"Cornerstones of Medical Practice" Schedule of Events

Thursday, April 27

Noon - 5:00 pm Registration
6:30 pm Reception for early arrivers
7:30 pm Dinner

Friday, April 28

7:00-8:00 am Breakfast
8:00 am Opening session - **Conference Overview and welcome: John Farrington, M.D., President-elect, CMS**
8:15 am **Business View of Health Care for the '90s - Beach Hall,** Assistant Director of Health Care Benefits, General Motors Corporation
10:00-10:30 am Break
10:30-11:30 am Two breakout sessions:
1) How Small Societies Can be More Effective at the AMA House of Delegates
2) Being an Effective Speaker Speaker
11:45 am-1:00 pm Two breakout sessions:
3) Membership Development and Retention
Speakers:
4) Running an Effective Meeting
1:00 pm Lunch
2:00 pm Continuation of **Being an Effective Speaker**
6:00 pm Reception spsonsored
7:00 pm Dinner
9:00 pm Dessert Reception

Saturday, April 29

7:00 am Breakfast
8:00 am **Rationing of Health Care Services**
John Kitzhaber, M.D., Oregon State Senate President, Salem, Oregon,
9:30 am Break
10:00 am **What's Ahead in Physician Payment Systems**
Tom Reardon, M.D., Private practicing physician, member of Physician Payment Review Commission
12:00 noon Lunch
1:30 - 5:00 pm **Rocky Mountain Conference Meeting**
6:00 pm Reception
7:00 pm Dinner

Sunday, April 30

7:00 am Breakfast
8:00 am - Noon **Rocky Mountain Conference Meeting**
12:00 noon Lunch

Beneficial Referral Arrangements

Do you refer patients to any entity in which you have an investment? Congress is after you, but the organized medicine is doing something about it.

The AMA is seeking illustrative examples of health facility investments physicians have made outside their practice for the primary purpose of providing patients with access to quality care in the communities where they practice.

Such documented situations are needed to respond to examples of abusive self-referrals that have been cited by proponents of legislation, such as H.R. 939, which would impose a virtual ban on physician referrals to facilities in which they are a member of their family have made investments. The AMA is asking medical societies and physicians to provide brief written examples of health care facility investments they have made for the primary purpose of improving care for their patients in the local community.

Here is the information needed:

- the nature of the facility
- reasons why the physician (or physicians) made the investment
- the rate of return on the investment (this is strictly optional)
- any other information that may prove helpful in AMA lobbying activities.

Names of physicians involved in such examples are needed solely for the purpose of contacting them directly should further information be needed by AMA. Strict confidentiality is assured. Names of physicians and actual localities will be removed from any examples used by AMA.

Please send supportive examples and related information to CMS and we will pass it on to the appropriate people at AMA. Send it to ***Colorado Medical Society***, Governmental Affairs Division, PO Box 17550, Denver, CO 80217-0550.

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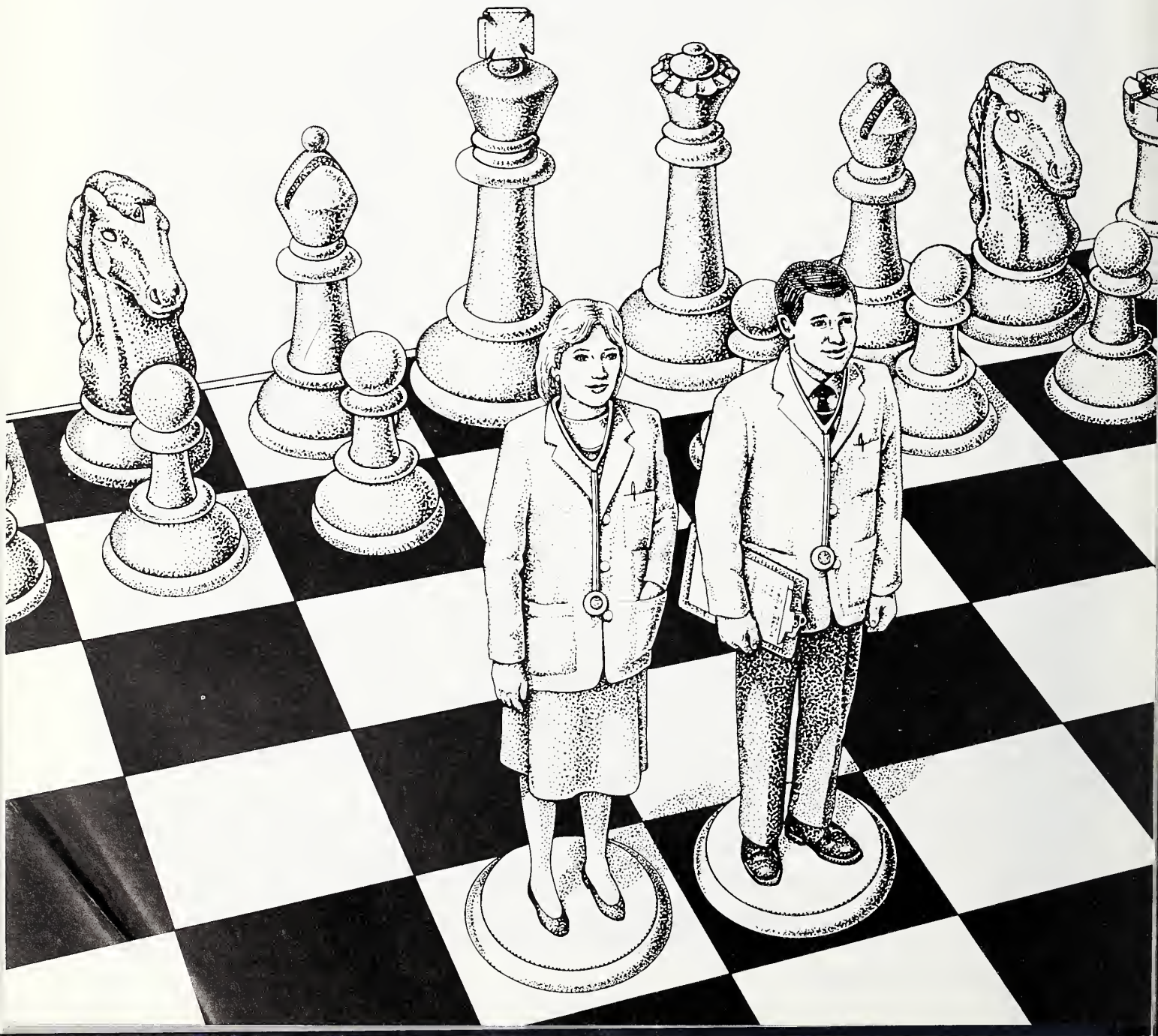
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CMS Offers New In Depth Medicare Services

Due to the large number of other groups offering ICD-9-CM coding seminars to Colorado physicians, CMS has canceled plans to hold similar seminars. However, CMS still desires to serve the needs of Colorado physicians in this area. Ms. Edie Register will be available for any questions you may have concerning ICD-9-CM diagnosis coding.and future CMS seminars will address this issue.

We have ordered the AMA ICD-9 Coding Requirements brochure. They will be available to you for $2.00 each including postage and handling. Please contact Edie Register at CMS (779-5455 or 1-800-654-5653, ex. 321) to order your brochure.

During the summer of 1989, CMS will begin to conduct intensive half-day Medicare seminars. At these seminars you will be encouraged to bring any questions you may have concerning Medicare (including those on ICD-9-CM coding). The seminar will also offer discussion and clarification of any new HCFA regulations.

The current CMS budget could not accommodate a full time person to address Medicare issues, as well as conduct statewide seminars and individual consulting services. Therefore, we will be charging a registration fee for seminars, and an hourly fee for consulting services.

Why should Colorado physicians pay out of state firms for clarification of federal regulations? CMS can clarify **both** federal regulations **and** the local carrier's interpretation of such regulations. We sincerely feel this valuable new CMS service will be of great benefit to you. **Please take advantage of it!**

CIM

Colorado Prescription Drug Abuse Task Force

The Colorado Prescription Drug Abuse Task Force is on the move! Here's a glimpse of the work being accomplished by representatives of key professional, regulatory, and law enforcement agencies.

The "Colorado Physicians' Awareness Program" is ready to be presented to physician audiences by the Task Force speakers' bureau. This 1-2 hour program focuses on the physician's role in identifying and preventing prescription drug abuse.

The Task Force is exchanging materials with national organizations whose missions include prescription drug abuse prevention. Both the guidelines developed by the Task Force and the educational programs are in demand.

Professional guidelines for nurses, podiatrists, dentists, and veterinarians are completed and ready for printing and distribution, pending allocation of funds.

On March 1 and 2, 1989, the training seminar, "Law Enforcement Efforts in Prescription Drug Abuse and Diversion," was co-sponsored by the Task Force, the Drug Enforcement Administration, and the Colorado Drug and Alcohol Abuse Division. The enthusiastic response from the law enforcement community will prompt a repeat of the program.

Task Force member agencies which regulate and enforce prescription drug laws signed a Memorandum of Understanding on December 21, 1988. The agreement will streamline communications among six state and federal agencies and reduce duplicative effort in dealing with prescription drug diversion situations.

Bonnie Wilford, Director of the AMA Department on substance Abuse, will speak to the General Task Force at the spring meeting on April 19, 1989. The topic of her presentation is PADS II, a centralized data system which has been developed by the AMA to identify and reduce prescription drug abuse. The Task Force will explore the issues and the process involved in implementing PADS II in Colorado.

SCAM ALERT

The American Medical Association reports a scam in the Midwest. Street drug dealers are recruiting adults with young children and training, coaching and scheduling them for multiple physician appointments. Their goal is to dupe physicians into prescribing Ritalin 20 mg. tablets for street resale. The adult describes symptoms of Attention Deficit Syndrome (ADS) to the physician and the child plays out rehearsed symptoms. The physician usually prescribes Ritalin, not recognizing it as a street drug. For 1000 Ritalin 20 mg. tablets, the adult receives $500 from the local street dealer who then resells the Ritalin along with Talwin NX to heroin addicts for as much as $50 per set. Precautions for practitioners are as follows:

1. Discuss ADS patients with other area physicians.
2. Verify with the school that the child is in attendance and takes Ritalin.
3. Confirm the diagnosis by applying AMA standards.
4. Be aware of the street preference for the plain 20 mg. Ritalin tablets, not the SR (sustained release).
5. Get as much identifying information about the adult and child as possible, e.g., Social Security numbers, Medicaid numbers, driver's license number, birthdates, height, weight, etc., to assist with any subsequent investigation. *CIM*

Seat belts—six years on

(Ed. This editorial is reprinted from the ***Journal of the Royal Society of Medicine,*** *Volume 82, March, 1989. In view of current and recent legislation in Colorado it is interesting to observe the effects of similar efforts in other countries. Portions*

It is now six years since the Road Traffic Act came into effect on 31 January 1983 making it compulsory for front seat occupants of most motor vehicles to wear seat belts. It was estimated that some 1000 lives and 10 000 serious injuries would be saved in the United Kingdom per annum. A recent report estimates that the use of seat belts would reduce fatalities among previously unbelted front seat occupants by 43%. ...The efficacy of seat belt legislation may be assessed by examination of (a) compliance, (b) reductions in fatality and serious injury figures, and (c) the deaths and injuries attributable to wearing seat belts; the seat belt syndrome.

Compliance with seat belt legislation has been good. The use of front seat belts increased immediately from under 40% to over 90% and has remained at about that level although there has been a drop in use in vans to about 70%. Reductions in fatal and serious injury rates have been significant, but not as great as predicted. In the year following legislation the numbers of deaths in front seat occupants in motor vehicle accidents fell by 457 (21%) and serious injuries by 6753 (24%). It is not clear why these reductions fall short of the estimated fall of some 40-45%. There are several possible explanations for this shortfall: (1) those who do not comply with seat belt legislation are most likely to be involved in accidents, (2) the estimates failed to take into account the relatively usage of seat belts (around 40%) before the introduction of legislation: clearly the small the increase in seat belt usage the smaller the observed benefit, (3) seat belts provide less protection in lateral impact collisions than in frontal collisions and (4) the Risk Compensation hypothesis which indicates that the compulsory wearing of seat belts encourages drivers to take more risks, i.e. protecting motorists from the consequences of bad driving encourages bad driving.

Finally there has been a notable change in the pattern of injuries sustained in motor vehicle accidents following seat belt legislation. There has been a marked reduction in brain and facial injuries, intra-abdominal solid organ injuries and long bone fractures. On the debit side there has been an increase in the incidence of whiplash neck injuries, thoracic injuries, and intra-abdominal hollow viscus injuries. These injuries, caused by deceleration, contusion, shear or crushing in seat belt wearers, constituted the seat belt syndrome and include some unusual injuries with which the surgeon may be unfamiliar (see list). One such injury is a traumatic abdominal wall hernia.... Apart from well-described traumatic hernia of the diaphragm, there are few reports of abdominal wall injuries. The diagnosis may be made by a high index of suspicion and the presence of local contusion, swelling or tenderness. However, obesity or associated injuries may make clinical diagnosis difficult and in such cases radiology, ultrasound or CT scanning may be useful and help to differentiate hernia from haematoma. Failure to make a prompt diagnosis may result in delayed and possibly complicated presentation.

J N L Simson
St Richards Hospital
Chichester

Some injuries sustained by front seat occupants wearing seat belts in motor vehicle accidents.

- Cervical and other spinal injuries
- Rib fractures
- Sternal fractures
- Pulmonary injuries
- Cardiac injury
- Diaphragmatic hernia
- Abdominal wall hernia
- Abdominal wall haematoma
- Intra-abdominal injuries
  - gastrointestinal contusion or perforation
  - mesenteric tear or haematoma
  - liver
  - spleen
  - pancreas
- Aortic and major arterial injury
- Retroperitoneal haematoma
- Renal injury
- Urinary bladder injury
- Breast or prosthetic injury

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PROFESSIONAL OPPORTUNITIES

TWO COMMUNITY CLINICS in Need of PHYSICIAN and MEDICAL DIRECTOR to provide care to diverse Rural population. Mid-level supervision, moderate volume practice and shared call. Mountainous frontier area near national forest and varied recreation. Contact: Patricia Renn, (303) 327-4222. 6/31589

INTERNIST needed to join expanding medical program in Brighton, Colorado. Need BE/BC Internist interested in primary care practice opportunity to associate with two Internists in community 20 miles NE of Denver. Contact Linda Morrison, Platte Valley Medical Center, 1850 Egbert St., Brighton, CO 80601 or call (303) 659-1531. 4/3189

IMMEDIATE OPENING for General Surgeon in rural Nebraska. BC or BE. Must be licensed in NE. Excellent benefits. Great Hunting and Fishing. Send CV to Wallace & Panzer, MD, PC, 807 N. Ash, Gordon, NE 69343, (308)282-1164. 12/21589

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Mutual of Omaha, a major insurer/health care management company, seeks a skilled physician to develop, direct and represent our Exclusive Provider Organization. Responsibilities include overseeing staffing/personnel and utilization management. In addition to 5 years of clinical experience (preferably in Internal or Family Practice), requirements include excellent interpersonal/communication skills.

A background that demonstrates active involvement in the professional community is essential. The ideal candidate will be familiar with the various health care delivery systems, including HMO's.

This unique position will require a minimum of 8 hours per week on a consultant basis and offers attractive compensation plus opportunity for ongoing professional development.

For confidential consideration, direct your resumé to:

Mutual of Omaha
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Employment Department
Jill Svendgaard
Omaha, Nebraska 68175
1/4189

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NOW REDUCED IN PRICE!

Have your office staff been wanting an extra copy or two? Perhaps a spare at home would be nice. Supplies of the 1988 Physicians Directory are still available. CMS members may send a check for $12 (member price of $10 plus $2 p&h) to:

1988
Physician's Directory
Colorado Medical Society
PO Box 17550
Denver, CO 80217-0550
(non-members remit
$40 + $2 p&h)

PROFESSIONAL OPPORTUNITIES

STAFF PHYSICIAN, UNIVERSITY OF COLORADO. The University of Colorado Student Health Service, Boulder campus, is seeking a BE/BC Family Physician/Adolescent Pediatrician who has training and/or experience in sports medicine and who has a keen interest in taking care of the needs of a college-age population to join the medical staff. Wardenburg Student Health Service is accredited by the JCAHO and serves over 20,000 students. The position is available June 1, 1989. Salary negotiable, excellent university benefits. The University of Colorado has a strong institutional commitment to the principle of diversity. In that spirit, we are interested in receiving applications from a broad spectrum of people including women, members of ethnic minorities, and disabled individuals. Interested physicians should contact H. Rolan Zick, M.D., Director, Wardenburg Student Health Service, University of Colorado, Campus Box 119, Boulder, CO 80309-0119. Phone number (303) 492-5661. In order to be given full consideration, applications need to be received by May 1, 1989. However search will remain open until available position is filled. 2/4189

LOCUM TENENS LITTLETON: BC/BE FP May/June 1989. Outpatient group 3 FPs needs coverage for maternity leave. 40 hour week, Night call telephone only. No hospital, no OB. Evening and weekend hours. Salary negotiable. Family Care Southwest, 6169 S. Balsam Way, #250, Littleton, CO 80123 (303) 933-8136, Helen Story, M.D. or Linda Lawrence, Mgr. 6/21589

EMERGENCY PHYSICIAN: Immediate opening available for BC or Residency-trained emergency physician in a moderate volume (16-18,000) full service emergency department. Compensation package includes malpractice and health benefits, partnership available. Please send CV to M. Sweeney, MD, 416 West 14th, Pueblo, CO 81003 or call 719-584-4595, or 544-2012. 3/3189

FAMILY PRACTICE (BC/BE) OPPORTUNITY in S.E. Colorado. Community with 5000 trade area. Excellent O.B. Potential. Associate with established physician, 25 bed hospital & 40 bed nursing home. Forward CV to James Giedd, Recruiting Coordinator, 2101 S. Memorial Drive, Lamar, CO 81052, or phone (719) 336-4343. 12/4189

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PROFESSIONAL OPPORTUNITIES

CORTEZ—NEED BC FP to join 2 man FP w/ 4 man call rotation. Exc 55 bed hosp includes ICU, OB, ER. Close to mountains, desert, lakes, skiing. Contact W. Griebel, MD, 1021 N Mildred, Cortez, CO 81321. (303) 565-4436. 6/2189

SOLO PRACTITIONER to share beautiful new office in mid-town area. Perfect for Part-time Practice or startup. Adjacent to SJH and Pres. Denver. Panoramic Views. Contact Dr. Shure at 831-9393 or 779-4593. 4/21589

EMERGENCY/URGENT CARE: Lafayette, CO. Part-time position in moderate volume Urgent Care Center. Flexible scheduling, good remuneration. for information, call Dr. Chuck Power, Community Medical Center, (303) 666-4357. 6/11589

ORTHOPEDIC SURGEONS—Immediate need for two BE/BC orthopedists. Established practice next to 58-bed hospital. Community 20 miles NE of Denver. Contact Linda Morrison, Platte Valley Medical Center, 1850 Egbert St., Brighton, CO 80601 or call (303) 659-1531. 4/3189

Urgent Care Physician/Director
Multi-specialty group practice is seeking a board certified/eligible Emergency Medicine or Family Practice physician to serve as the Director of our Urgent Care Department. Well established group with large market share, excellent income potential and fringe benefits. Please send CV to Administrator, Littleton Medical Center, P.C., 7750 South Boradway, Littleton, CO 80122. 4/21589

OCCUPATIONAL/AMBULATORY CARE - Full time experienced physician needed for well established regional medical center in Boulder. Send CV to COHBI, 5440 Conestoga Ct., Boulder, CO 80301. Call 443-0687. 4/21589

BC/BE GENERAL INTERNISTS needed for expanding group practice HMO, The Colorado Permanente Medical Group, caring for Kaiser Foundation Health Plan members, seeks internists for Boulder and Denver facilities. Competitive salary and benefits. For additional information, please contact: V.A. LaFleur, M.D., at (303) 861-3263. 4/31589

PROFESSIONAL OPPORTUNITIES

PROGRESSIVE COMMUNITY in Rocky Mountains is seeking Internist and Orthopedist to join active medical community of 13 doctors. Perfect location for skiing, fishing and hunting enthusiast. Write or call: Administrator, The Memorial Hospital, 785 Russell, Craig, CO 81625 (303) 824-9411. 2/4189

TWO MAN PRIMARY INTERNAL MEDICINE GROUP in Arvada must expand to keep up with rapidly growing practice. Will consider two part time positions vs. full time third. Send CV to Barbara C. Bishop, R.N., Practice Manager. 7728 Vance Dr. Arvada, CO 80033. 6/4189

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Excellent salary/benefit package working with high-quality associates. Send CV to:
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Adelaide Almquist,
Medical Coordinator
1555 Clarkson Street
Denver, CO 80203.
(303) 831-7171, extension 225.
12/2189

FAMILY PRACTICE physician needed to associate with established FP physician in Brighton, Colorado. Share existing practice and fully-equipped medical office next to hospital. Send CV to Linda Morrison, Platte Valley Medical Center, 1850 Egbert St., Brighton, CO 80601 or call (303) 659-1531. 4/3189

FAMILY PRACTICE: Space available. Fully equipped. So. East Denver, Monaco and Evans vicinity. 3,000 sq. feet. Share with any specialty. 759-5021. 3/3189

OPENING For Board Eligible or Board Certified Associate for established Ophthalmology practice in beautiful Western Colorado. Contact Nicholas G. Cole, 830 S. 4th, Montrose, CO 81401. (303) 249-6662. 6/21589

PROFESSIONAL OPPORTUNITIES

STAFF PHYSICIANS

Select Health Plan, a subsidiary of Blue Cross and Blue Shield of Colorado, is seeking physicians with the following specialties for a new staff-model HMO:

- Family Practitioners
- Internal Medicine
- Pediatricians

Successful applicants will be board certified with 5+ years of Practice experience in the Denver Metro area.

We offer an excellent compensation and benefit package. Please respond in confidence with a resumé and your salary history to Kelley McCready, Employment/Human Resources, 3rd Floor, 700 Broadway, Denver, CO 80273.

EOE M/F/H/V

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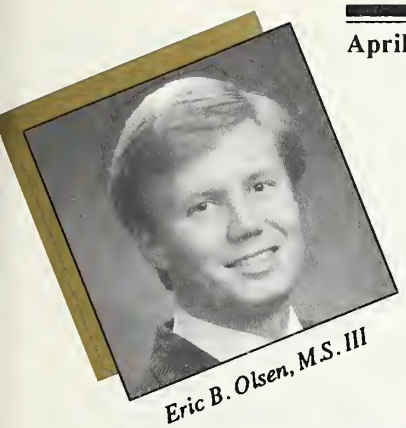
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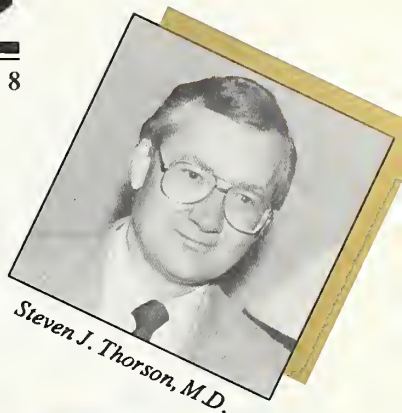


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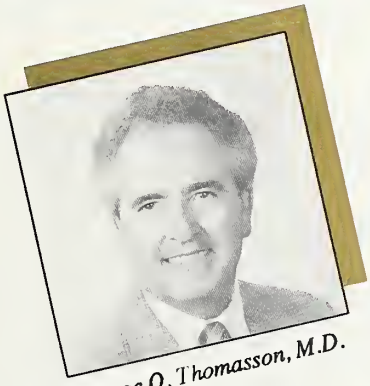


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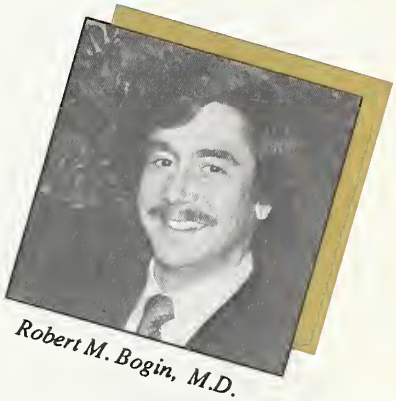
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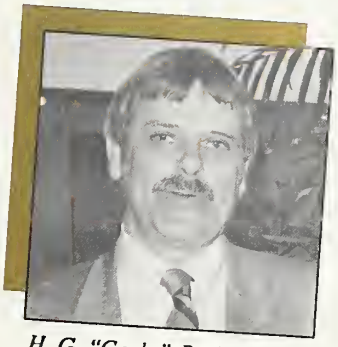


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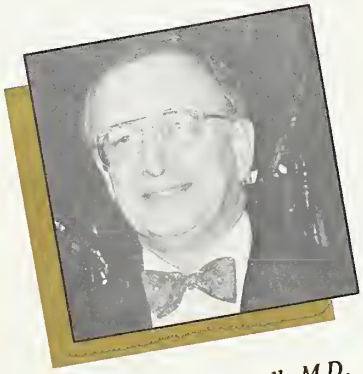


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Sincerely,

Ronald D. Krieger

Ronald D. Krieger
President
COPIC Agency

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April 15, 1989

colorado medicine

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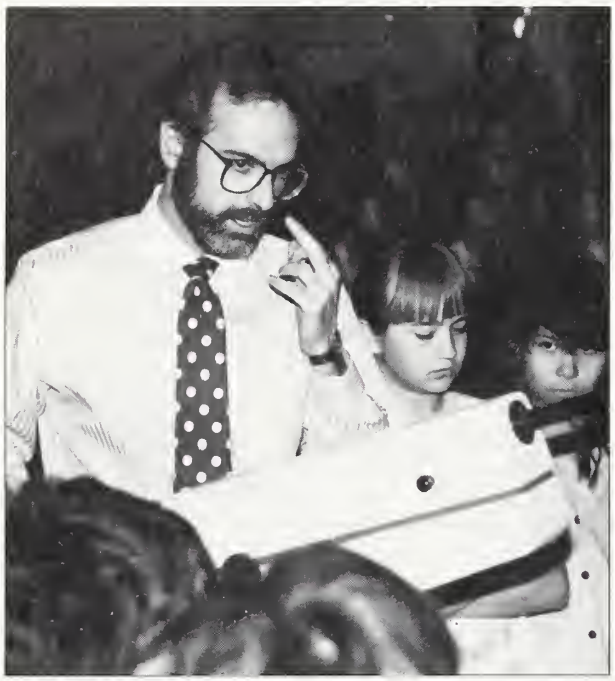
CMS

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"New-To-Practice" Physicians

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Harold F. Frye, Executive Editor. William S. Pierson, Managing Editor. Michael Thompson, Ass't. Managing Editor

YPS "Natural Science Ambassador" Program Off To Resounding Start



Dr. Arlen D. Meyers , an Ear, Nose and Throat specialist from Denver, explains the medical and surgical uses of laser technology to fifth grade students at Kaiser Elementary School.

Dr. Arlen D. Meyers, an Otorhinolaryngologist from Denver, was the presentor, demonstrating "Laser Electronics Used in Medicine." The session was attended by about twenty 5th graders, selected for their interest in science. Also present were Jim Vandever, Principal, Kaiser Elementary, Dr. Robert D. Hartley, CMS President, and Dr. Rob Bogin, Chairman, CMS Young Physicians Section. *CIM*



Jim Vandever, Kaiser Elementary Principal, looks on as the students listen to Dr. Meyers.

Kaiser Elementary School in Southwest Denver was the site March 31 of the first in a series of classroom appearances by Colorado physicians sponsored by the Young Physicians Section (YPS). The program is called "Natural Science Ambassadors" and seeks to motivate students into an interest in the natural sciences.



Dr. Meyers assists one of the students as she performs laser surgery on an orange.



Under the supervision of Dr. Meyers, a student (prospective surgeon?) perfects her technique

A New Program for Provision of Hepatitis B Vaccine to Neonates of HBsAg+ Mothers

Reprinted from the Colorado Disease Bulletin, Volume No. XVII, Issue No. 4, February 24, 1989.

The Colorado Department of Health (CDH) Division of Epidemiology is initiating a pilot program to provide hepatitis B immune globulin (HBIG) and recombinant hepatitis B (HB) vaccine for infants born to HB infected mothers when parents are:

√ unable to pay for treatment
√ not covered by a third party payor
√ not refugees (refugees are covered by an existing CDH program)
√ not on Medicaid (which pays for HB vaccine)

The pilot program becomes effective March 1, 1989. It is a response to national recommendations made by the U.S. Public Health Service to screen all pregnant women for hepatitis B surface antigen (HBsAg+) at the same time that other routine prenatal tests are ordered (see ***Colorado Disease Bulletin*** June 24, 1988; XVI:13). Infants born to women who are HBsAg+ and HBeAg+ have a 70-90% chance of acquiring perinatal HB infection and 85-90% of infected infants will become chronic HB carriers. It has been estimated that more than 25% of HB carriers will die from either 1° hepatocellular carcinoma or cirrhosis. In the United States an estimated 16,500 births occur to HBsAg+ women each year and approximately 3,500 infants become chronic carriers annually. Timely administration of HBIG and HB vaccine is 85-95% effective in preventing developing of the chronic HB carrier state.

Infants born to HB mothers should receive:

1. 0.5 ml HBIG intramuscularly (IM) once they are physiologically stable, preferably within 12 hours of birth; HBIG administered at birth should not interfere with oral polio and DTP vaccines administered at 2 months of age;
2. 0.5 ml HB vaccine (dose #1 of a 3 dose series) should be administered (IM) concurrently with HBIG but at a separate injection site—at a minimum it should be given no later than 7 days after birth, preferably prior to hospital discharge;
3. Doses #2 and #3 of HB vaccine are administered 1 month and 6 months after the first dose.

Household contacts of HBsAg positive persons are at increased risk of HB infection and should be tested for susceptibility to infection. Those who are not already infected or immune to HB should be vaccinated (each dose of vaccine for persons 10 years of age is 1.0 ml). Contacts who are positive for HBsAg, anti-HBs, or anti HBcore are not susceptible and will not benefit from HB vaccine. The CDH Laboratory will perform serologic screening tests for household contacts of financially eligible HBsAg+ prenatal patients if the specimens are submitted with special laboratory request forms supplied by the Epidemiology Division. The physician/health care giver will be responsible for obtaining blood specimens from contacts. HB vaccine will be provided for susceptible household contacts of financially eligible HBsAg+ prenatal patients.

Physicians/health care givers with eligible HBsAg positive prenatal patients can order HBIG and recombinant HB vaccine by contacting the Epidemiology Division at (303) 331-8694. These biologicals should be ordered at least 1-2 months in advance of the expected delivery date to assure availability at the appropriate hospital prior to the infant's birth. The obstetrician/health care giver ordering the vaccine should identify a pediatrician who will administer doses #2 and #3.

In the Denver area, biologicals will not be shipped; instead HBIG and HB vaccine can be picked up at the Division of Epidemiology. For requests from outside metro Denver, orders will be shipped via UPS. For information and/or HBIG vaccine Request forms call (303) 331-8694 or mail correspondence to Colorado Department of Health, Division of Epidemiology, Disease Surveillance Program, 4210 E. 11th Ave, Denver, CO 80220.

Resolution 23P (termination of pregnancy) more than a medical issue.

Editor:

For those members of the Colorado Medical Society who might have found themselves at least mildly appalled by the passage of this resolution and for those who voted for the resolution and may have awakened the following morning with some compunctions and misgivings, I would offer these afterthoughts.

I don't believe that there was anyone present at the session who felt that abortion is the preferred method of birth control. Nonetheless, I think it safe to say that the vast majority of physicians are in favor of abortion under certain circumstances; it is the exact nature of these circumstances about which there is such wide disagreement. For example, might there not be room in an open society for the opinion of a person of a different faith that bringing an unwanted child into this world were a worse sin than abortion?

Those who are against abortion are in two essentially different categories: 1) those who are against it for various practical reasons, who usually speak quite dispassionately about the matter, and 2) those who object out of moral considerations, for whom it is an emotion-charged issue.

I greatly envy those who are so sure that they are morally right that they feel it defensible to impose their revealed truths on their fellow human beings. But physicians are, at least in part, scientists, and as scientists should deal primarily with the physical, not the metaphysical or religious. Our country was founded on the precept that individuals be allowed to practice their religions freely and that they be protected from having the religions of others impressed upon them.

If your goal in life is to maximize the happiness of the people who seek your aid, insofar as this is possible without significantly injuring others, and within the constraints imposed upon you by your own conscience and beliefs, you can't go far wrong. The resolution encourages physicians to act as they, in their best judgment, see fit in determining whether or not an unwanted pregnancy should be terminated, and assures them that in so doing they need fear neither punishment nor reprisals.

The measure was introduced by the Women In Medicine Section of CMS. To have defeated the resolution would have been to repudiate their wisdom and wishes and registered a resounding vote of no confidence in the good intentions and sound judgment of our fellow members.

Lawrence T. Post, M.D., President
Northwestern Colorado Medical Society

To the Editor:

Passage of Resolution 23P by the (CMS) House of Delegates during the 1989 Interim Session has made membership in the Colorado Medical Society a moral dilemma, weighing one's personal beliefs against a commitment to organized medicine. In the recognition of termination of pregnancy as a "medical intervention" rather than a moral choice, and by developing a policy "not to prohibit the voluntary particiption of a physician in the termination of pregnancy", the medical society has become a "pro-choice" organization. This position demands certain moral decisions of the members of the Society, as would positions on white supremacy, male domination, unilateral support of one political party, or requirement of mandatory universal autopsy for all deaths, regardless of religious preference.

It is unclear to me whether a Society whose mission is to address the needs of Colorado physicians as a whole can decide moral issues by the democratic process. This indeed seems to be to be an issue not amenable to the majority vote.

Yet issues of a civilized society, be they of a moral or secular nature, must be addressed by responsible participants. Certainly the issues posed by Roe vs Wade qualify as difficult, requiring hard choices.

As an alternative to the development of policy statements for issues where compromise may not be possible, the Society could develop a statement of facts on the issue of abortion. Such a statement could be made, devoid of the ethical, moral or religious commitment of the membership as a whole. This would avoid offense to a valuable minority of the Society that cannot support the position of the majority.

I would hope that the Society wil reconsider Resolution 23P in some forum before action is taken on the policy. Presentation of these thoughts at the Interim Session was not possible, as it was a late resolution which could not be fully considered prior to the meeting.

Sincerely,
Robert D. McCartney, M.D.

letters to the editor

Justina Ford, M.D. One of Many Medical Pioneers

*Ed. **Colorado Medicine** received a copy of a letter written to the Editor of **American Medical News** concerning their March 10, 1989 article on the life and work of the late Dr. Justina L. Ford of Denver. We reprint here that letter, which was written to express delight over the coverage but also to "correct the statement that she was the second black female physician in the United States." We are grateful for this additional insight into the life and times of Dr. Ford, who was honored as a Colorado Medical Pioneer at the Interim Session of the CMS House of Delegates March 11 (see proceedings of that meeting elsewhere in this issue.)*

Colorado History was greatly enriched by the life and work of the late Dr. Justina L. Ford. I was delighted to see the article about her in the March 10, 1989 issue of American Medical News, but wish to correct the statement that she was the second black female physician in the United States.

Not long after Elizabeth Blackwell became the first woman in America to be entitled a 'lady physician', Rebecca Lee, a woman of African descent, earned her medical degree from the New England Female Medical College in Boston. The year was 1864, one year prior to the end of the Civil War. The second Afro-American woman to earn a medical degree in 1867 was Dr. Rebecca J. Cole, who graduated from the Women's Medical College of Pennsylvania. One of the most dynamic of 19th century medical pioneers was Dr. Susan Smith McKinney Steward, a New Yorker, who graduated from the medical college for women in her home state in 1870. Dr. Steward had offices in Manhattan and Brooklyn, served on the staffs of two hospitals and a nursing home, was choir master and organist in her church and was a leader in union and suffrage movements!

According to Ruth Abrams book, ***Send Us A Lady Physician*** (W.W. Norton & Co., copy. 1985), there were at the very least three dozen Afro-American women physicians in the United States by the year 1900. It was then that Colorado's Dr. Justina Ford began her altruistic and distinguished career in the Denver area.

The history of medicine in America is fascinating and the story of dedicated pioneer physicians from all walks of life leaves a legacy of which today's physicians can be proud.

Respectfully submitted,

Renée A. Cousins, M.D.
Member, Justina L. Ford Medical Society of Denver, Colorado

"Colorado Medical Pioneer" recognition to go to Black American West Museum and Heritage Center

The Colorado Medical Society, following the resolution of the House of Delegates March 11th, will present the "Colorado Medical Pioneer" recognition plaque to the Black American West Museum and Heritage Center at 3195 California Street, Denver, in the near future. Recognizing Justina Ford, M.D., as one of the true medical pioneers of Colorado begins a tradition (possibly not new) with CMS's public recognition of many of its members and fellow physicians who have brought honor and prominence to the health care system during Colorado's first 113 years of statehood. There are many names on this honor roll; the public will see much more of them in the months to come.



Recognized at the Interim Meeting for their part in the Justina Ford story were Mr. Paul Stewart, founder of the Black American West Museum and Heritage Center, and Ms. Geraldine Stepp, Project Director of the 5-year program which saved Dr. Justina Ford's house, restored it and established the Black American West Museum. Mr. Stewart is active today in teaching and lecturing on Western and Colorado Black History in the Denver Public Schools, and serves as curator of the museum. Ms. Stepp is also very active in the operation of the museum and the Heritage Center. Both also serve in the museum's continuing exhibit and historic collections efforts.

At the present time, there are a number of internists conducting weekly community health care workshops at the center.

Colorado Medicine Readership Survey

What You Said

by ***Bill Pierson***
Director of Communications
Colorado Medical Society

RESPONSE — As we've been reminded, it wasn't exactly scientific but the Readership Survey published in the November 1, 1988 issue of *Colorado Medicine* has told us some interesting things. About 3.2% of the CMS membership responded to the survey. We might have hoped for more, but it was encouraging to know that those who did participate cared enough to spend 25¢ to make their opinions known.

The complete survey results are not printed herein because they tend to confuse and need explanation. Our principal concern is to provide a better end product based on reader needs and advice.

A point to remember in discussing this survey is that respondents often checked more than one answer to a question, or left some blanks. This means that none of the numbers added up to the total response. Because of this, each response was judged in comparison to the total response, but not compared to alternate responses under the same question.

One difficulty in interpreting the results was pointed out by one of the respondents. The survey presupposed changes in the way things are presently done. Many respondents believed that the magazine should stay the same. Because there was no place to indicate that belief, many of them wrote in that choice. Others made it obvious by the way they filled out their surveys that they also liked the status quo. There was no way of indicating that in the results either. It is also likely that those who did not respond are either satisfied or apathetic.

Some of the individual choices also deserve comment. By one question's response, we could see that the overwhelming majority of the respondents at least skim the magazine, and every respondent at least reads **something**. This seems to indicate a high degree of interest in the magazine.

Most respondents preferred the option of changing *Colorado Medicine* to one issue per month. Based on those same respondents' answers to other questions and comments on the survey, it is obvious that most who favored this option did so assuming that the change would save money. If this were not so, it is apparent that many of them would not be so receptive to the reduction in service. One could sum up the general response to the survey as "Do what you're doing now, only better."

Almost unanimously, readers said they each get at least **something** out of the magazine.

RESULTS — So, what are we going to do? Starting with July, '89, *Colorado Medicine* will return to it's original format of one issue per month, with a concerted effort to improve the readability, the visual appeal and the cost aspects of the magazine. June will include the *Physician's Directory* issue and the regular June 15 magazine issue. Response to last year's Directory have been positive so we'll use the same format this year. CMS greatly appreciates the early response on the Directory inquiry cards. Thank you.

C/M

Yes, this is your Colorado Medical Society logotype. It's bright... It's commanding! Its purpose is to represent your organization in the visual form, summing up in one glance that CMS is *"Working For You,"* all of Colorado's physician members and their patients.

Colorado Medical Society is changing its face, becoming more outgoing with the message that Colorado physicians are constantly working for their patients, representing the highest quality of medical care.

Being a member of CMS means **you, Doctor,** are one of the leaders in Colorado in

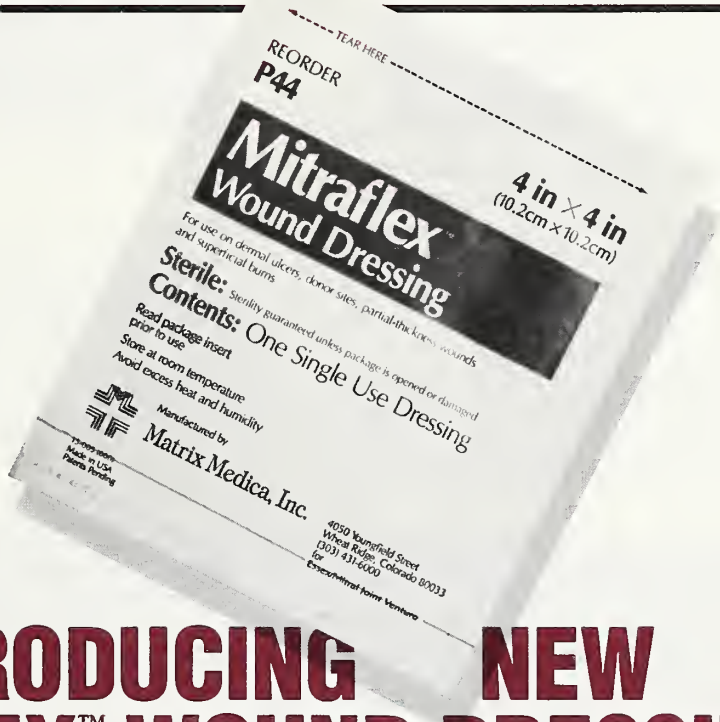
"advocating excellence in the profession of medicine and in the provision of medical care".

That's the CMS mission statement, and CMS is working toward that objective every day.

You, Doctor, are the patient's advocate. CMS is the physician's advocate.

Founded in 1871, Colorado Medical Society is in its 118th year of service to Colorado's health care.

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- Provides greater patient comfort
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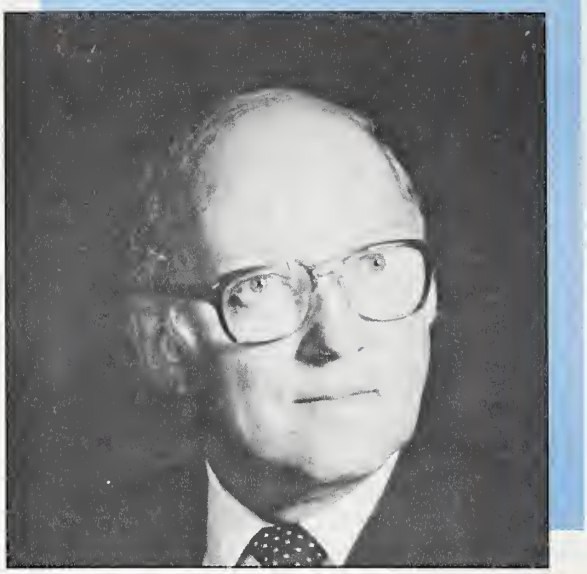
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The VITALITY of Organized Medicine: Be a part of it!



John F. Farrington, M.D., President-elect, CMS
Chairman, Membership Committee

"CMS - Working For You."

This motto exemplifies the relationship CMS has with the physicians of Colorado. But what is the CMS? It is not just an organizational name, but an organization of over 4100 Colorado physicians involved at local, component and state levels, working for the common good of physicians and their patients. It is an organization with immense VITALITY, ever-striving to fulfill its mission statement: ***"CMS will be the leader in Colorado in advocating excellence in the profession of medicine and in the provision of medical care."*** That statement very concisely points the direction of the organization.

And the **VITALITY?** Review the list of CMS activities below and you'll SEE and FEEL the vitality of this organization! Please take the time to read the letters that follow from your fellow CMS members and how CMS has helped, and is helping them, in their profession.

It is our desire to have all Colorado physicians as members of CMS, and become active participants in the activities of the society. I ask each of you to contact one of your colleagues who does not belong to CMS; show him/her this magazine and point out the letters. Explain to them, from the brief summary below, what the society is doing on behalf of all Colorado physicians. Then solicit their membership! Membership applications can be obtained from your county medical society or from CMS.

John F. Farrington, M.D. is an Internist in Boulder, CO.

Council on Community Health Issues has developed:
- AIDS Awareness and Policy Guidelines.
- Medical Care for Special Needs of Students.
- Standardized Comprehensive Geriatric Assessment Form Committee on Medical Informatics.

Council on Medical Service is involved in:
- The evaluation of the Colorado Health Data Commission.
- The Coalition of the Medically Indigent.
- The Colorado Health Forum.
- Development of a Minimum Benefit Package for insurance coverage.
- Emergency Medical Services in Colorado.
- The Task Force on Physician Manpower Distribution which operates under this council.

Council on Physician/Patient Advocacy is studying:
- Resource Based RVS.
- Cost Containment Programs.
- Medicare/Medicaid problems.

Peer Review Oversight Committee is:
- Monitoring CFMC Sanctioning Process.
- Conducting surveys and providing data on the Peer Review Process.
- Conducting educational seminars and publications.
- CMS is a co-sponsor of the Coalition on Senior Issues.

The CMS Division of Communications:
- Publishes a yearly CMS Physicians Directory
- Publishes. Colorado Medicine
- Conducts state and national news media relations.
- Conducts community relations programs and aids component societies and the CMS Auxiliary in their programs.

In addition, CMS is very active in the legislative arena through its **Legislative Council.**
In 1988, CMS was instrumental in the passage of tort reform legislation. During the current legislative session CMS has sponsored a bill to grant immunity from civil liability and antitrust actions for physicians performing good faith peer review. Some of the bills supported by CMS are:

- Legislation to expand the living will so the patient can reject artificial feeding.
- Legislation to provide treatment for children who would be denied such treatment on a basis of religious, spiritual or personal beliefs of the parent.
- Legislation to improve medical services to the aged, ban smoking in retail food stores, and to retai;n the Colorado Seat Belt Law
- Legislation for the creation of the Colorado Uninsured Health Plan.
- Legislation to require the use of protective helmets by motorcycle riders.

CMS opposes the legislation that would restrict the right of physicians to prescribe controlled substances to family members and the reports of the activities of the Colorado Health Data Commission.

Membership in CMS also provides a 10% reduction in **COPIC Professional Liability Insurance** premiums through an aggressive risk management program sponsored by COPIC.

". . . there is strength in numbers. As a group, we can accomplish more than any individual physician can."



J. Richard Brusenhan, M.D., Colorado Springs, CO

I joined the El Paso County Medical Society, the Colorado Medical Society and the AMA in October, 1969, my first month in Colorado Springs in private practice. It was considered "the thing to do" for all new doctors in the town at the time. Being in solo practice, it was a great way to get to know the more than 200 doctors in town and hopefully gain some referrals. It was also a way to socialize with my colleagues away from the stress of various hospital politics.

It became apparent early in my practice that there were many problems in the practice of medicine that I could not, as an individual physician, handle. Problems in areas such as insurance companies, Medicaid, Medicare and Board of Medical Examiners need the strength of organized medicine to be heard. A lawsuit by CMS was required to get Medicaid to deal fairly with the physicians in the state. Public health was another issue where organized medicine has had an impact.

The El Paso County Medical Society was responsible for mapping the Colorado Springs water supply to show the fluoride levels of water in various areas of the City and to distribute these maps to the physicians and dentists in the community. Surprisingly enough, the Colorado Springs water supply runs from areas of fluoride deficiency that require supplements, to areas of great excess, requiring bottled water for children. The County Medical Society has also been instrumental in enlisting physicians to serve the medically indigent and to volunteer to attend local high schools sporting events.

On a state level, CMS has effectively barred chiropractors from doing school physicals and scoliosis exams. CMS has been most active in supporting our goals before the State Legislature. Each year CMS monitors all health related bills in the legislature and through its individual members supports or opposes bills affecting medicine, public health and the welfare of our patients. Perhaps the greatest reward CMS has given its members is in the area of medical liability insurance. Without CMS there would be no COPIC. Without COPIC, physicians would have substantially higher insurance rates in Colorado and very little say in how the liability insurance companies were run. CMS and COPIC were the leaders in the current tort reform legislation passed in Colorado. It is considered to be one of the better tort reform statutes nationwide. No individual physician could have gotten this bill passed.

The AMA is our most effective way of supporting the individual physician in his relationship with the Federal government. As bad as Federal programs are, they would be much worse without the efforts of the American Medical Association. Currently the Resource Based Relative Value System is being studied by the AMA. The Federal government has asked for input from the AMA and we hope to will have significant impact on the final results of the RBRVS.

I have been active in both the state and local medical societies, serving on the Board of the Colorado Medical Society for eight years and having been Treasurer for three years. I have served in the House of Delegates for years. Locally I have served as President of the El Paso County Medical Society and held other offices. The most rewarding aspect personally of this service is meeting, working with, and socializing with physicians from all over the state of Colorado. I have developed many friendships through these working relationships. I have even picked up a few referrals. It has also been rewarding working with the dedicated staff of the El Paso County Medical Society and the Colorado Medical Society.

In closing, there is strength in numbers. As a group, we can accomplish more than any individual physician can. I would urge all MD's to join their local medical societies, Colorado Medical Society and the AMA to give organized medicine even more strength in dealing with the problems of medicine in the future.



Why Do I Participate? "I seek . . . to protect the essence and fundamental goal of medicine ."

Leslie R. Capin, M.D., Aurora, CO

After seeing patients many hours a day, six days a week, why do I dedicate several noon hours, evenings and week-ends to county, state and national medical societies, my own specialty society, staff meetings at two different hospitals, and the AIDS Task Force meetings? Why did I serve on the Young Physicians Steering Committee that later became the Young Physicians Section (YPS) of the Colorado Medical Society? Why do I continue to serve as the Colorado YPS Delegate to the AMA? Because I want to actively participate in and support organized medicine.

Physicians going into practice are faced with new responsibilities for which medical school cannot possibly prepare them. In addition, starting physicians are committed to establishing themselves in the community and attending to the increasing costs of a new practice. Women physicians face particular circumstances which often make the transition from residency to practice more difficult than for men. These are some of the reasons young physicians give me for their lack of participation in organized medicine.

After finishing my Dermatology residency I found myself practicing in Aurora. To meet other physicians and to keep myself *informed* of the rapid changes affecting the practice of medicine, I joined the Colorado Dermatological Society, the Aurora-Adams County Medical Society, the Colorado Medical Society (CMS) and the American Medical Association (AMA). I found it very difficult as a practicing physician to keep abreast of the political issues facing medicine: changes in Medicare policies, HMO's, PPO's, IPA's, etc. Organized medicine has helped me with this.

The CMS through *Colorado Medicine* and its excellent staff and the AMA through its publications have kept me well informed. I am able to follow key legislation that directly affects medicine at the state level and have been impressed at how many times and how quickly the AMA is spurred into action on our behalf.

I realized, however, that being informed wasn't enough. I needed to become *involved* in a manner in which I could help influence the future of medicine in these difficult times. I am involved through participation in the YPS and the mini-internship program. The YPS is open to any physician under the age of forty or in his/her first five years of private practice. Through the YPS, physicians starting practice have been given a voice both locally (CMS) and nationally (AMA). The YPS of Colorado has brought several resolutions to the House of Delegates in Colorado and to the AMA. Besides serving as a voice for young physicians, the YPS also offers several other services important to the community. This year the YPS successfully conducted a mini-internship program with the Young Lawyers Division of the Denver Bar Association. Presently the YPS is involved in the Science Ambassador Project; is staffing, in collaboration with the Young Lawyers Division, a Medical Legal Clinic for the homeless; and co-sponsors a Multiple Sclerosis Benefit held in June 1989. This shows that the areas and ways in which one can become involved in organized medicine are endless.

By being *informed* and *involved* in organized medicine, we can help guard a profession that took all of us years of dedication, hard work, and patience to achieve. In guarding my profession I seek at the same time to protect the essence and fundamental goal of medicine; the delivery of compassionate, competent, and informed medical care to our patients.

Finally, the personal satisfaction gained and friends made through my involvement in organized medicine cannot be measured. I look forward to my future encounters with organized medicine and urge you to participate.

Leslie R. Capin, M.D. is a practicing Dermatologist, Vice President of the Aurora-Adams County Medical Society and the YPS Delegate to the CMS and YPS-AMA.

". . . then our county society can bring a resolution to the CMS, and from there to the AMA."



Richard F. Bedell, M.D.

Let George Do It!

George, a gregarious geriatrician, and I were groping our way past the goulash in the gourmet section of the hospital cafeteria, and slithered to our seats exhausted by the wait. "I wanted to refer ghastly grandmother to you, George," I gasped, "but I couldn't find your name in the CMS Directory. Why aren't you a member?" Here are some of the concerns he brought up, and my responses as a CMS member for over 25 years.

"It's too expensive." It *is* expensive to be a member of the many professional organizations vying for our dollars.For the benefit of organized medicine and all it does for physicians, would you be willing to donate one day a year? "Sure" he said, gingerly wiping the goulash from his tie, "I know many of you donate a lot more than that for us." Well, your annual dues to CMS, and probably our county society as well, are less than you bill for one day's work. I find paying in two installments helps ease the burden, or using a credit card. Also I know you are insured by COPIC. Did you know you could save 10% on your malpractice premium by joining CMS? That would pay for your annual dues *and* cover the cleaning bill for your tie.

"My Specialty Society represents my interests." True, our specialty societies do represent our interests, but on a fairly narrow scale. They are very important for continuing medical education and networking common concerns with our specialty peers. However they don't represent the global profession of medicine to the public.

"What does the CMS do for me?" he asked, gulping his green gelatin with gusto. It represents your interests in the welfare of your patients to the legislature and government in the arenas of public health, school health, reimbursement for workers' compensation, tort reform, provision and payment for medical care for the indigent, and protection from the encroachment of quasi health workers on the professional practice of medicine. When we were unable to get timely medicaid payments a few years back, CMS took the Department of Social Services to court and forced them to comply. We have a special department to educate physicians in playing the Medicare game, and have gone to bat for members who have been unjustly sanctioned. Without the 1988 tort reform bill which CMS drafted, your premiums would be higher. We support programs that have helped several impaired physicians on our staff to be rehabilitated and continue practice, through close cooperation with the Board of Medical Examiners. We annually publish a directory of all member physicians which is very helpful in referral of patients like that ghastly grandmother.

"What difference does one person make?" he asked, gleefully goggling a geneticist of the opposite gender. A lot of difference...if you feel strongly about a cause and can convince others, then our county society can bring a resolution to the CMS and from there to the AMA for action. My interest in organized medicine was kindled when I did just that after having been in practice only a few years. Remember, at the Fourth of July celebration in the stadium, when one match is lit, there is only a flicker of light, but gradually as thousands light the stadium, there is a magnificent glow.

"Curious," said George, "I'd never thought of it that way before. Maybe I'll try it for a year and see if you're right." And that's how Curious George became a Colorado Medical Society member.

Richard F. Bedell, M.D., is a practicing Pediatrician in Boulder, Colorado, and past President of the Colorado Medical Society



Steven J. Thorson, M.D., Fort Collins, CO

"If we are to survive the professional challenges. . .if we wish to allow our patients to continue to receive the best medical care the world has ever known . . ."

"Do you think we're really accomplishing anything?"... was the question put to me by one of my colleagues at a recent CMS meeting. As I've though about the question further, it occurs to me that the answer is clearly yes! But perhaps further elaboration is in order.

After fourteen years of Colorado practice, it is my firm opinion that, more than ever, we need to participate in organized medicine. Who among us wouldn't agree that we feel increasingly threatened by the ever increasing pressures upon, and interference with, our medical practices? Government intervention, bureaucracies and unreasonableness seem to head the list. Not far behind are the pressures of unrelenting demands from various third parties, all of who seem to feel free to tell us how we should treat our patients, while simultaneously denying responsibility should anything go awry. All of us feel caught between the conflicting pressure of ever higher "costs of doing business" and ever more pressure to restrain or reduce our reimbursement. All of this occurs in a milieu of public demands for perfection each and every time.

The Colorado Medical Society, to me, represents the "flagship of our battle group" as we collectively attempt to deal with these threats to our patients and our profession. The component societies, and the specialty societies, represent the "support ships protecting our flanks." Just as in a real naval encounter, we must join together as a coordinated team, with each and every individual working together to guide our "fleet" through these troubled waters.

I suspect we've all tried the "Don Quixote" approach to these threats, and amazingly enough it sometimes succeeds, but clearly organized medicine in general, and the CMS in particular, represent the most potent and influential force we have on "our side."

Could we imagine achieving the changes that occurred in Colorado Medicaid without CMS's efforts on our behalf? Does anyone think Senate Bill 143 could have been passed last year without the unified approach of organized medicine?

CMS's human and financial resources, as well as its membership base, make it uniquely suited to serve each physician in Colorado in way, and in arenas, in which no other organization is adequate. As a past president of one of our state's specialty societies, and as current President of the Larimer County Society, I see unique, and complementary, roles for these organizations as well.

My question to you, as you attempt to deal with the ever increasing threats to our patients and to our profession, is: **Are you part of the problem, or part of the solution?**

I respectfully submit that to be part of the solution, we'll *ALL* need to "pitch in." At a minimum, join your component and state medical society, as well as your specialty society. Get active! Speak your piece! Get off your duff! To do anything less, at least as I see it, makes *YOU* part of the problem.

If we are to survive the professional challenges of the 90's, and if we wish to allow our patients to continue to receive the best medical care the world has ever known, we clearly must join together. We must each accept our personal responsibility to diligently strive to achieve these goals.

Steven J. Thorson, M.D., is a Family Practice physician in Fort Collins, CO., and is Treasurer and member of the Board of Directors of the Colorado Medical Society.

"You just need some commitment to improving a problem that you see."



Robert M. Bogin, M.D., Denver, CO

As someone who has been involved in organized medicine since residency, I am somewhat surprised at the lack of interest and even disdain shown by some of my colleagues toward their county and state medical societies and the AMA. To me, it seems obvious that any physician with any patient care responsibilities would want his or her views represented. Yet, many physicians don't want to join. I've listed some common reasons given for this and my thoughts on them.

I'm too busy. My experience is that when this reason is given, the "I can't" is really "I don't want to." In our practices, we always make time for the patient who really needs to see or talk to us. Many outside interests also capture our attention. For example, I never miss a baseball playoff or the World Series (especially when the Yankees are playing!). The medical society doesn't require a time commitment unless our special interest is piqued, and we want to add our views to a certain committee or issue.

I'm not interested in "politics." I define politics as expressing your views based on good data (and common sense) on issues, and convincing someone else that this is the correct view. We do this every day with our colleagues ("Don't you think this patient needs a bronchoscopy?") and with our patients. Few would argue with the importance of convincing individual patients that they may need procedures which could save their lives. Shouldn't we use our influence to look after the health care of our community as well?

The medical society doesn't represent my views. Most physicians would agree that a professional organization which represents all physicians is worthwhile, but many say theirs doesn't represent them. Why is that? Does the medical society *know* your views? The medical society gives a truly democratic process, where our elected representatives (delegates) express the views of their constituencies and establish the policies of the society. Let your opinions be known! If the majority of your colleagues also feel as you do, then your views will become policy of the society. If you belong to another professional society or if you're registered with a political party, you probably don't agree with 100% of their policies. Don't apply a double standard.

From a personal standpoint, I think that in the past the CMS did not concentrate a lot of attention on the concerns of young physicians. Following the establishment of our section, we have expressed our views on issues as diverse as the homeless, HMO contract evaluation, physical education for school children, the MAAC, and adequate supervision of test interpretation for "health kiosks." The CMS has listened and responded to all of these concerns. Young physicians comprise over 40% of current licensed physicians, as we become more active in the society, I am certain that our views will continue to be heard.

I (one person) can't make much of an impact. Wasn't there one person who influenced us to either choose medicine as a profession or choose a specialty? That one person made a profound difference in our lives. If you have a child, would you tell him or her that "one person can't make a difference"? Newspapers are filled with examples of an individual making something happen. You don't need to be a genius, or devote your entire life to an issue to accomplish something. You just need some commitment to improving a problem that you see.

Don't waste an opportunity to make a difference. Apply a piece of advice I heard recently on a friend's answering machine: "You know what to do at the beep. Do it!"

Robert M. Bogin, M.D., is an Internist specializing in Pulmonary Diseases in Denver, CO., and is Chairman of the CMS Young Physicians Section.



". . . personal returns are far greater than the investment."

The Colorado Medical Society and the Medical Student Section; A Medical Student's Perspectives

by Eric Bernard Olsen, M.S. III,

Being a medical student member of the Colorado Medical Society provides many unique and enjoyable opportunities for both learning and participating.

Let's face it. As students we're caught up in a whirlwind of exams, classes, rotations and evaluations. At the same time, there is an incredible amount of information critical to the practice of medicine for which we are simply not being prepared. We all know the terms; malpractice, medicare, medicaid, accepting assignment, HMO's, DRG's, PRO's, and PPO's, to name a few. I would venture to say, however, that not many of us truly understand the meaning of these terms and their importance to us as practitioners.

Perhaps it is just naiveté, but I can recall being quite astounded at hearing how malpractice coverage is actually set up, and what the premiums for the various categories of specialties are. I didn't learn this at med school, it was part of a COPIC presentation at a CMS meeting.

Is it important for a medical student to be concerned and informed regarding these changes in health care? The obvious answer is that is imperative not only to be informed but also to be active in these areas. In this way we can shape as well as prepare ourselves to practice medicine in these changing times. One of the most sensible answers to this need of practical medical education (as well as to the need of being involved in the changes) is membership in the Colorado Medical Society.

What can a student really do the affect the health care policies of our state? Last year over fifty University of Colorado medical students wrote letters to the Colorado Legislature in support of Senate Bill 143 which would cap and set up a payment system for personal injury awards, as well as set a deadline for malpractice suits to be filed. With the help of the CMS lobbyist, Carol Tempest, several informational sessions were held and students were able to visit the senate chambers during debate on this bill.

Continuity is another particularly appealing aspect of being a student member of the CMS. Many of the attractive medical student organizations are unfortunately just that, *student* organizations. As soon as the fourth year is over, you are no longer eligible for that group. Organized medicine as determined by the local, state and national medical associations will be forever influencing our medical education as well as how we practice medicine and approach patient care. As student members, we gain an early exposure to the system, and we're able to influence it.

The Colorado Medical Society exists for its members and offers many advantages to students. This has always been very appealing to me, particularly since the CMS has made it very convenient for students to become active members. The minimal annual student fee is roughly the same amount that any of us would spend on study fuel (junk food) in a typical week. The great thing is that, as student members, we are eligible for full participation and full benefits! The CMS is a valuable resource of information for the health care of our state and nation through the ***Colorado Medicine*** publication and special interest seminars throughout the year. The Education Resource Foundation (ERF) has in the past assisted with financial support for junior and senior medical students to experience health care outside of the USA. In addition, they have supported student travel and research programs. The CMS sets aside funding each year to assist with student representation from the CU School of Medicine to both the annual and interim meetings of the AMA.

It's an old adage, but certainly true, that with an organization like the CMS, personal returns are far greater than the investment. It's up to each of us to decide how much we want to influence the career we have chosen. We are best able to represent ourselves and our interests for the delivery of health care in Colorado through the excellent means of the CMS. All things considered, I believe students who pass up CMS membership are allowing an incredible opportunity to get away.

Eric B. Olson, M.S., III, is a third-year medical student at the University of Colorado School of Medicine, Denver, CO.

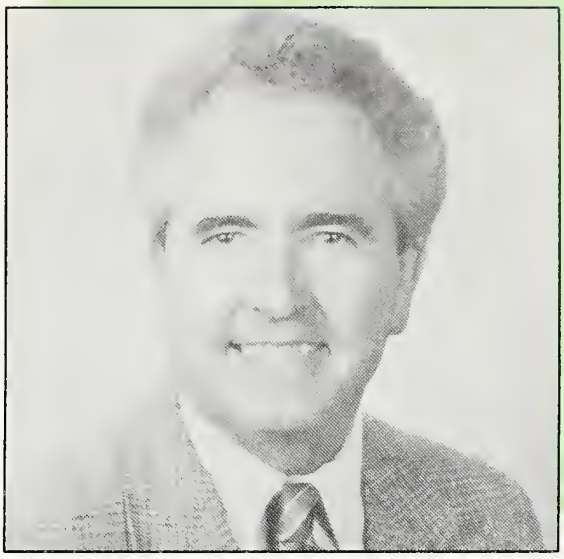
I entered the practice of medicine more than 25 years ago and recall at that time the individualism and independent decision which was a characteristic of the practice of medicine. That image was supported both by our peers and our patients. During the past ten to twelve years, the image of the independent physician seems to have become that of the recalcitrant curmudgeon resistant to change. This is best demonstrated by the paradox of the positive response to questions posed to patients about their respect for their own physician as opposed to their negative response when questioned about medicine as a profession. Is it possible that part of this paradox is the inability of the individual physician to represent the problems faced by the medical profession to society in an understandable fashion? If so, then participating in a group with the expertise to address these problem areas in an effective manner may help resolve this problem.

The importance of this approach then resolved itself into four areas:

1. The Community
2. Quality of Medical Care
3. Reimbursement Issues
4. Medical Liability

By participating in the Colorado Medical Society as Chairman of the Council on Community Health Issues, I have had a unique opportunity to work with many dedicated physicians from various communities around the State. This has resulted in an opportunity to focus on a variety of community health issues by networking these dedicated physicians with individuals in their community who were concerned about issues of health status, environmental hazards, resource allocation, and a myriad of other interests. The result was a synergism of the energy of the community leaders with the technical skills of their physician counterparts. The ability to network requires a focus and, in Colorado, the Medical Society has provided that focus in a very professional manner.

Many organizations have entered the arena of defining quality of medical care. This is not a new area of interest and has been a particular focus of attention by philosophers, ethicists and harried physicians probably from time immemorial. It is interesting to pursue our individual biases in this area from the extremes of occasional cocktail party debates to the more formal seminars dedicated to this area. For an effective move toward resolving the problem, a group of professionals dedicated to that end must exist An example of the organizational approach in this area was a project developed about four years ago by the Colorado Academy of Family Practice in conjunction with the Colorado Medical Society, and the COPIC Insurance Company to address the concerns that the Family Practitioners in Colorado had about continuing obstetrics as part of their specialty. The logistics of this project would have been very difficult for a small group of physicians to pursue. With the commitment of the individual organizations involved (and subsequently the Colorado Department of Health) some significant inroads have been made in reducing the confusion about the most effective way to approach the concept of quality in obstetrical services in Colorado.



George O. Thomasson, M.D., Denver, CO

The dedication of individual physician members of the Society who participate in these activities has been well rewarded. The Society continues to provide leadership both statewide and nationally in areas which will impact the future reimbursement of all physicians practicing in the state.

In my own area of dealing on a daily basis with medical liability issues, I have clearly seen the advantage of the organizational approach to problem solving. The Medical Society's participation along with other dedicated agencies in addressing the need for effective tort reform in the State of Colorado has provided a format for the individual physician to focus his or her energies in an effective manner. This was subsequently rewarded in a tangible fashion with the acceptance by the legislature of the Health Care Availability Bill. It is unlikely a few physicians could affect a product of that type in this age of bureaucratic decision making and vested interest pressure groups.

As society continues to struggle with the dilemma of quality versus cost in the arena of health care, it is of paramount importance that medicine maintain a leadership role. For this to be most effectively done, each physician must contribute to a process which insures that individual interests and expertise are well represented. In my opinion, this will be best accomplished by participating in an effective organization dedicated to the interests of the physicians it represents and the community it serves.

George O. Thomasson, M.D., is Vice President, Risk Management, COPIC Insurance Company, Denver, CO, and Chairman of the CMS Council on Public Health Issues.



H. G. "Corky" Butler, M.D.

The rural practitioner's view of organized medicine.

As I sat down to write this letter on the importance of belonging to and participating in organized medicine, I thought back over the 20+ years that I have been so involved.

Granted, as a member of the Colorado Medical Society Board of Directors, I am somewhat biased, but I know that I would find the county, state, and national societies invaluable whether or not I was a Board member.

The first benefits came to me as a resident when I was introduced to the issues of medicine on a national scale. This made me aware of the issues and provided me the wealth of information and help that is necessary for the successful practice of medicine today.

As a practicing physician under ever increasing pressures, both financial and "punitive", I came to see how invaluable was the "coming together" of diverse medical interests and specialists not found in any other organization. This bonding together of various interests is more important now than at any other time in the history of American medicine. The assaults on our proud profession from determined special interest groups and government make unanimity our top priority.

As a rural physician, I appreciate the access to state and national legislatures that is assured through very effective lobbying activities.I am afraid that my voice in the wilderness of southwestern Colorado would be lost if forced to stand alone. This lobbying activity in concert with our PAC has been successful, even if not perfect. Making our voice heard assumes even greater importance as we again wrestle with such problems as corporate medicine, mandated assignment, capitation, sanctioning, and RBRVS.

I also appreciate the activities and *protection* of such committee activities as the Peer Review Oversight Committee and the Physicians and Patients Advocacy Committee. I know of no other organizations today that look after my interests and the interest of my patients more effectively.

In summary, the benefits and fraternity of all physicians coming together to discuss and help solve their common problems is a wonderful and usually frustrating process. This process is democracy in action, and we need it now more than ever.

Harrison G. Butler, III, M.D., is a practicing General and Vascular Surgeon in Durango, CO.

If you have questions about CMS or component society membership, please call today. If you wish to refer a physician with whom you've spoken about becoming a member, call us and let your Membership Committee send the prospective member an information kit. We'll help in any way we can, but it's up to you to talk to your fellow physician professional; tell him/her about the value of CMS membership and the thrust and necessity of organized medicine. If you feel it important to have one of the Membership Committee physicians contact the prospect, we'll be happy to help facilitate the call. So contact us NOW! We're at (303) 779-5455 or (outside the Denver calling area) toll-free 1-800-654-5653. Just ask for "Membership".

Better yet . . . have the prospect call CMS and ask for membership.

Component Sketchbook

on CMS Component Leadership
by Michael Thompson, CMS

Larimer County Medical Society President, Steven J. Thorson, M.D.



Steven J. Thorson, M.D.

Steven J. Thorson, M.D. is a man convinced of the value of organized medicine. He has a vision for how physician associations can help improve their society. He is also a man who backs up that vision with personal commitment.

Dr. Thorson is currently President of the Larimer County Medical Society, one of the components of CMS. He sees the role of the component society as one of connection, of being a conduit of information between the "people in the trenches" as he calls the practicing physicians, and entities which affect medical practice.

The latter includes medical organizations such as CMS and AMA, as well as state and national legislatures, Medicare providers, etc. In addition, the local society should represent physicians on a local level, he says, influencing city and county governments, hospitals, HMO's and the like. In fact, he has set Legislation and third party payors as two of the priorities of his term as President.

Dr. Thorson would like to make the county medical society more relevant and effective in dealing with the day to day problems of its physician members. He sees this kind of practical issue as one of the strengths of organized medicine as a whole, but especially of a local society, which can be structured in conjunction with the needs of the local physicians.

Larimer County, for instance, has held community seminars on Medicare issues and found them to be quite popular. In fact, they are planning another for the Spring of 1989. They also sponsored a community forum entitled, "Who will deliver our babies?", dealing with, as you'd suspect, the current state of obstetrics and availability of care. It is this sort of activity which Dr. Thorson sees as increasing physician respect in the community and educating the public.

Steven J. Thorson has been a member of Colorado Medical Society for 15 years. He graduated with a Doctorate of Medicine from the University of Minnesota Medical School and served as an intern at Hennepin County General near Minneapolis.

He resides with his wife, Mary Jane, a Registered Physical Therapist, and their two sons, Craig and Eric, in Fort Collins where he is a Family Practitioner with three other physicians. Dr. Thorson is a Diplomate of the American Board of Family Practice and a Fellow of the American Academy of Family Physicians. He is active in the Colorado Academy of Family Physicians (President 1983-84) and in community activities and organizations. He is a member of the Board of Directors of Colorado Medical Society. *CM*

COPIC COMMENT

Attention "New-to-Practice" Physicians

As we approach the months of June, July and August we receive more and more applications for "new-to-practice" physicians who are completing their residency and/or fellowship and who desire insurance coverage to begin in June, July or August. Many of these new physicians are joining existing COPIC insured groups, particularly clinic and group practices.

We ask that new physician *not* submit their applications to COPIC more than 60-90 days in advance of their desired effective date. COPIC maintains new applications on file for only 90 days. After 90 days, a physician is required to complete a new application if coverage has not been activated.

As part of our initial underwriting review process, we desire and require that the most up to date information be reflected on an application. Thus, our 90 day requirement serves as a protection against any undesirable exposure for COPIC.

Important Notice to COPIC Insureds!

As a Colorado Medical Society member in good standing, physicians are eligible for COPIC's safety group rate as a benefit of their CMS membership. The safety group rate reflects a discount of approximately 10% on an individual physician's quarterly premium. Only those physicians who are members in good standing of the CMS are eligible for this benefit.

Recently, the CMS provided COPIC with a listing of physicians who have been dropped from membership for non payment of their dues for 1988. Such physicians are no longer eligible for the safety group discount, thus, their quarterly premiums are subject to adjustment.

Remember, the COPIC safety group rate is an important benefit of your CMS membership. In order not to lose this benefit and the associated savings, act now to reinstate your membership in CMS to that of a member in good standing!

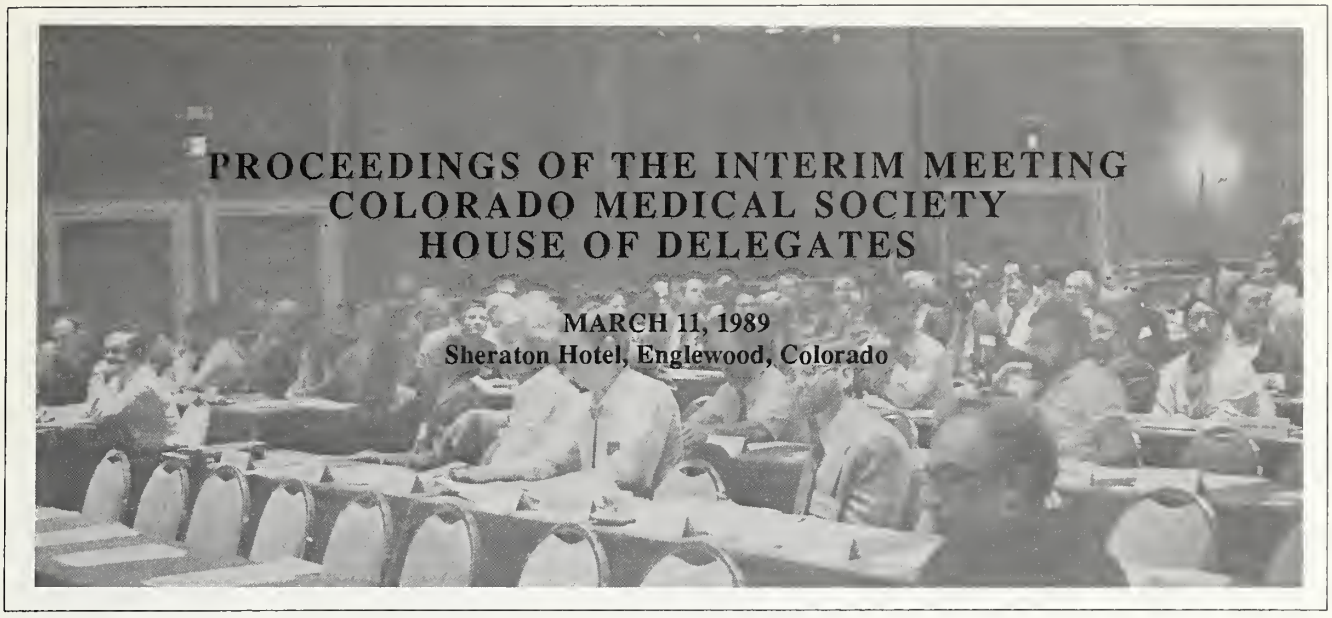
Mary Hedin, Vice President COPIC
Policyholder Services

COCHEM'S TRUST FUND

The Cochem's Trust Fund was created to assist Colorado Medical Society physicians in need of financial assistance. Monies are given only to the physician (not to the family or estate) and the request must be accompanied by two supporting letters from physicians briefly explaining the nominated physician's background and the circumstance(s) indicating the he/she should receive financial support from the Trust.

If you are aware of a physician in financial need who meets the criteria listed below, please call the CMS office. The criteria are that the physician:

1) Must be a member of the Colorado Medical Society
2) Must be a medical doctor licensed by the State of Colorado
3) Must be a resident of the state of Colorado for at least ten years



REFERENCE COMMITTEE A

Adopted a resolution that resolves that the Colorado Medical Society support a resource-based relative value approach as a method of Medicare reimbursement; that the Colorado Medical Society recommend to the Health Care Financing Administration and elected officials that the resource-based relative value scale contain no modifiers arising from geographic variation; and that the Colorado Medical Society recommend to the Health Care Financing Administration and elected officials that inequities presently identified be resolved, and that inequities identified after implementation be promptly and justly rectified.

Referred to the Board of Directors a resolution that resolves that the impact private U.R. firms are having on the practice of medicine be referred to the Council on Physician/Patient Advocacy for review and evaluation. Upon completion of the evaluation, guidelines should be developed to aid physicians in their dealings with private U.R. firms; and resolves that the Colorado Medical Society establish a reporting mechanism for use by the component societies and by individual physician offices in order to collect documentation on: 1) the volume of inquiries received; 2) the nature and scope of the calls; 3) the name of the firm and; 4) the credentials of the individual that contacted the physician; and further resolves that based on the data collected and the study undertaken by the Council on Physician/Patient Advocacy, appropriate recommendations be made to the Council on Legislation regarding possible legislation to require the regulation of private U.R. firms. The Council on Physician/Patient Advocacy is asked to submit a progress report at the 1989 Annual Meeting.

Adopted a resolution that resolves that the Colorado Medical Society encourage the Insurance Commissioner to promulgate regulations requiring that when performing prior authorizations, insurance companies and/or their agents must provide timely service and that qualified personnel be available during Colorado business hours.

Adopted an amended resolution that resolves that the Colorado Medical Society encourage physicians to continue to demonstrate a real measure of cost effectiveness by continuing to provide patients with honest, conscientious, up-to-date, scientific, and compassionate medical and surgical care; and that the Colorado Medical Society encourage physicians to look beyond the intrusions of third party carriers and case managers and continue to provide the type of care that is based on valid and proven medical principles.

Adopted a resolution that sunsetted and amended some portions of the Peer Review Section of the CMS Policy Manual.

Accepted for filing:
Progress Report - RES-53-P (Strategic Plan)
Progress Report - Council on Professional Education
Progress Report - Council on Physician/Patient Advocacy

REFERENCE COMMITTEE B

Adopted a resolution that resolves that the Colorado Medical Society work toward having the Colorado Legislature totally fund the cost of collecting data for the Colorado Health Data Commission.

Adopted a resolution that resolves that the Colorado Medical Society support initiatives for medical care for the homeless; and that the Colorado Medical Society encourage its members to participate in volunteer medical service for this population.

Adopted an amended resolution that resolves that the Colorado Medical Society support the principle of continuity of medical insurance regardless of age or changes in health status; and that the Colorado Medical Society work with and encourage medical insurance carriers to develop a plan to provide continuity of medical insurance for patients despite changes in employment and/or medical insurance carriers.

Adopted a resolution that resolves that the Colorado Medical Society serve as lead agency in developing Colorado as a Center of Excellence in medical informatics.

Referred to the Committee on Health of Issues of Senior Citizens a resolution that resolves the Colorado Medical Society explore the feasibility of developing a uniform medical record for use with elderly patients at risk of either nursing home transfer or hospitalization from the nursing home environment; and that if the study indicates the project should be further developed and implemented, the Colorado Medical Society request the State Department of Social Services to sponsor a pilot project to ascertain cost savings and value for statewide implementation.

Tabled until the Annual Meeting a resolution that resolves that the Colorado Medical Society help reduce the unfair advantage physicians at UCHSC have over private practitioners by recommending that State funds not be used to subsidize the private practice of UCHSC staff physicians; and that the Colorado Medical Society work to rescind the $150,000 liability cap for UCHSC physicians.

Adopted a resolution that resolves that CMS supports early health education and the distribution of safe, more effective methods of family planning for males and females as primary methods of birth control; and that the termination of pregnancy be recognized as a medical intervention; and that neither the State nor the Federal government should interfere with the physician/patient relationship and the ability of physicians to administer medical treatment and counsel their patients on all options for the management of unwanted pregnancy unless there is compelling state interest in which case the regulations must be reasonably related to those interests; and that the Colorado Medical Society policy does not prohibit the voluntary participation of a physician in the termination of pregnancy in accordance with sound medical practice.

Accepted for filing: Progress Report - Council on Community Health Issues
Progress Report - Council on Medical Service

REFERENCE COMMITTEE ON CONSTITUTION/BYLAWS/CREDENTIALS

Adopted a resolution that amends the Constitution and Bylaws to add the position of Secretary to the list of CMS Officers.

Adopted a resolution that resolves that the Colorado Medical Society recommend that all medical liability insurance companies active in Colorado supply each specialty society president, on an annual basis, the data these companies have used to determine the annual malpractice premium including but not limited to the number of lawsuits filed, settled, tried, lost and amount loss for each specialty.

Adopted a resolution that amends the Bylaws so that representatives from each section on the Board will be elected from the members of the Section's Governing Council; and that terms of Directors, except from the Resident Physician Section and Medical Student Section, shall be for three years each. Representatives from the Resident Physician Section and Medical Student Section shall serve one year terms and may serve up to four terms of full continuous service.

Adopted a resolution that sunsets the Committee on Committees.

Adopted a resolution that amends the Bylaws so that nominations for the President-Elect will be closed at the end of the opening session of the House of Delegates at the Annual Meeting.

Adopted a resolution that amends the Bylaws to include a new class of out-of-state members who may participate in the Prime Financial Trust but may not vote, hold office, or receive other services and mailings from CMS.

Adopted a resolution that sunsetted and amended some portions of the Professional Education Section of the CMS Policy Manual.

Deferred until the 1989 Annual Meeting a resolution that resolves that any physician who is not a CMS member may join CMS as a direct member without also joining a component society if the component society has chosen to offer local

membership.

Adopted a resolution that resolves that Justina Laurena Ford, M.D., be recognized posthumously as an outstanding figure in the development and furtherance of quality health care in Colorado; and that the membership of the Colorado Medical Society, through this recognition, show their appreciation for Dr. Ford's patience and fortitude to endure as one of Colorado's true pioneers in medicine.

Accepted for filing:

Progress Report - Board of Directors, Attachments 1-6
Progress Report - Executive Director
Progress Report - AMA Delegation
Progress Report - Judicial Council
Progress Report - Council on Legislation
Progress Report - COMPAC
Progress Report - Young Physicians Section (2)

DELEGATE ATTENDANCE - 1989 INTERIM MEETING

DISTRICT I - 5 DELEGATES
EASTERN COLORADO - 1 DELEGATE
None Present
MORGAN - 1 DELEGATE
(D) Thompson, Patrick (1)
NORTHEAST COLORADO - 2 DELEGATES
(D) Stahl, Larry (1)
WASHINGTON-YUMA - 1 DELEGATE
(D) Berry, Jack L. (1)
DISTRICT II - 6 DELEGATES
INTERMOUNTAIN - 1 DELEGATE
None Present
LAKE - 1 DELEGATE
None Present
MOUNT EVANS - 1 DELEGATE
None Present
MOUNT SOPRIS - 2 DELEGATES
(D) Kirk, Rodney (1)
NORTHWESTERN COLORADO - 1 DELEGATE
(D) Post, Lawrence T. (1)
DISTRICT III - 10 DELEGATES
CHAFFEE - 1 DELEGATE
None Present
FREMONT - 2 DELEGATES
(D) Mohr, Gary A. (1)
(A) Buglewicz, John W. (1)
HUERFANO - 1 DELEGATE
None Present
LAS ANIMAS - 1 DELEGATE
(D) McFarland, Douglas M. (1)
OTERO - 2 DELEGATES
None Present
SAN LUIS VALLEY - 2 DELEGATES
None Present
SOUTHEASTERN COLORADO - 1 DELEGATE
None Present
DISTRICT IV - 7 DELEGATES
CURECANTI - 2 DELEGATES
(A) Hopple, Lynwood M. (1)
DELTA - 1 DELEGATE
None Present
LA PLATA - 3 DELEGATES
(D) Deaver, David (1)
MONTEZUMA - 1 DELEGATE
None Present
DISTRICT V - 17 DELEGATES
ARAPAHOE - 17 DELEGATES
(A) Stecher, Karl, Jr. (1)
(D) VanderArk, Gary D. (1)
(D) Wood, John M. (1)
(D) Bartlett, Max D. (1)
(D) VanderArk, Gary D. (1)
(D) Brookens, Bruce R. (1)
(D) Heiss, Robert E. (1)
(D) Brookens, Bruce R. (2)
(A) Knize, David M. (1)
(D) Levine, Mark A. (1)
(D) McDonald, Keith M. (1)
(D) Price, Jerry G. (1)
(D) Roberts, John F. (1)
(A) Moffatt, Thomas W. Jr. (1)
(D) Truitt, Leigh (1)
DISTRICT VI - 11 DELEGATES
AURORA-ADAMS- 11 DELEGATES
(A) McMullan, Kathryn (1)
(D) Fieman, Richard A. (1)
(A) Heaton, Angeline D. (1)
(D) DiBella,Nicholas J. (1)
(D) Lahey, Michael D. (1)
(D) O'Dell, Robert A. (1)
*(A) Kraus, G. Thomas J. (1)
(D) Sundland, Barry R. (1)
(D) Tyburczy, Joseph A. (1)
(D) Visconti, Paul B. (1)
DISTRICT VII - 12 DELEGATES
BOULDER - 12 DELEGATES
(D) Curtis, Williams S. (1)
(D) Kelley, Severance B. (1)
(D) Benson, Alan (1)
(D) Dougherty, Marilyn A. (1)
(D) Rubright, Mark W. (1)
(D) Rupp, Gerald (1)
(D) Wilson, Don E. (1)
DISTRICT VIII - 18 DELEGATES
CLEAR CREEK VALLEY - 18 DELEGATES
(D) Brundige, Richard L. (1)
(D) Cedars, Chester M. (1)
(D) Conner, Wayne L. (1)
(D) Faraci, Robert P. (1)
(D) Henbest, Philip M. (1)
(D) Laubach, Sherri J. (1)
(D) Parry, Lynn (1)
(D) Potts, William (1)
(D) Campbell, Bernard E. (1)
(A) Goddard, William B. (1)
(D) Dorr, Lugene, A. (1)
(D) Golbert, Thomas M. (1)
(D) Hartzler, Janet (1)
(A) Tarkanian, Malcolm (1)
(D) Karlin, Joel (1)
(D) Sadler, Dean L. (1)
(D) Cohen, Richard S. (1)
DISTRICT IX - 46 DELEGATES
DENVER - 46 DELEGATES
(D) Abrams, Frederick R. (1)
(D) Butterfield, Don G. (1)
(D) Butterfield, L. Joseph (1)
(D) Charles, David M. (1)

DENVER—Cont.
(D) Engel, Stephen (1)
(A) Schneider, Dieter W. (1)
(D) Karel, James L. (1)
(A) Litvak, John (1)
(D) Livingston, Wallace H. (1)
(D) McCurdy, Robert E. (1)
(D)Nelson, J. Phillip (1)
(D) Rainer, W. Gerald (1)
(D) Sawyer, Robert B. (1)
(D) Schemmel, Janet E. (1)
(A) Lightburn, John L. (1)
(A) Germer,Nancy J. (1)
(A) McFee, John G. (1)
(A) Miller, Edward S. (1)
(D) Cook, William R. (1)
(D) Dickson, Ann T. (1)
*(A) Sbarbaro, John A. (1)
(D) Eckhoff, Donald G. (1)
(D) Foust, Glenn T. (1)
(D) Gamble, William E. (1)
(A) Weiss, Stanley S. (1)
(A) Kinzie, Jeannie J. (1)
(A) Chapman, Robert G. (1)
(A) White, Madeline J. (1)
(D) Hepner, Harold J. (1)
(A) Hutchison, David E. (1)
(A) Fink, Donald W. (1)
(D) Jacobson, Eugene D. (1)
(D) McCartney, Robert (1)
(D) Parsons, Donald (1)
(D) Peck, Mordant E. (1)
(A) Kelble, David L. (1)
(D) Rhodes, Edward A. (1)
(D) Safford, H. R. (1)
(A) Eilert, Robert E. (1)
(D) Walker, Louise C. (1)

DISTRICT X - 17 DELEGATES
EL PASO - 17 DELEGATES
(D) Bengfort, John L. (1)
(D) Brusenhan, J. Richard (1)
(D) Crawford, Lewis A. (1)
(D) Cunningham, Leon D. (1)
(A) McMullen, R. Bard (1)
(D) Muth, John B. (1)
(A) Rubinow, Sidney D. (1)
(D) Cooper, Jack (1)
(D) Jensen, Susan R. (1)
(D) Lewis, Ted T. (1)
(A) Pollard, Joseph S. (1)
(A) Lavoo, John (1)
(D) Moore, Larry A. (1)
(D)Nielsen, Peter G. (1)
(D) Spaulding, Dueane R. (1)

DISTRICT XI - 10 DELEGATES
LARIMER - 10 DELEGATES
(D) Chase, Jerry A. (1)
(A) Milano, William J. (1)
(D) Allen, Thomas J. (1)
(D) Giansiracusa, Richard (1)
(D) Hammond, Richard (1)
(D) Sands, Arthur C. (1)

DISTRICT XII - 5 DELEGATES
MESA - 5 DELEGATES
(D) Hanna, Robert (1)
(D) Jones, Paul B. (1)

DISTRICT XIII - 9 DELEGATES
PUEBLO - 9 DELEGATES
(D) Bedard, Charles H. (1)
(A) Luebke, Donald C. (1)
(D) Osborn, Mark (1)
*(A) Crosson, David L. (1)
(A) Marsh, Stuart G. (1)
(D) Lawrence, Richard A. (1)
(D) Meeuwsen, James W. (1)
*(A) Laman, Muryl L. (1)

DISTRICT XIV - 7 DELEGATES
WELD - 7 DELEGATES
(D) Foulk, Arnold R. (1)
(D) Cash, Robert M. (1)
(D) Olds, Kenneth M. (1)

MEDICAL STAFF SECTION - 1 DELEGATE
(A) Solomon, William A. (1)

COLORADO ACADEMY OF FAMILY PHYSICIANS - 1 DELEGATE
None Present

COLORADO CHAPER AMERICAN COLLEGE OF PHYSICIANS - 1 DELEGATE
None Present

COLORADO SOCIETY OF INTERNAL MEDICINE - 1 DELEGATE
None Present

ROCKY MOUNTAIN GASTROENTROLOGIC SOCIETY - 1 DELEGATE
None Present

COLORADO ORTHOPAEDIC SOCIETY - 1 DELEGATE
(D) Cletcher, John O., Jr. (1)

COLORADO SOCIETY OF ANESTHESIOLOGISTS - 1 DELEGATE
None Present

COLORADO CHAPTER AMERICAN COLLEGE OF SURGEONS - 1 DELEGATE
None Present

COLORADO SOCIETY OF EMERGENCY MEDICINE - 1 DELEGATE
(D) Phelps, Dwight S. (1)

COLORADO RESIDENT PHYSICIAN SECTION - 1 DELEGATE
None Present

COLORADO GYNECOLOGICAL AND OBSTETRICAL SOCIETY - 1 DELEGATE
(D) Kopelman, J. Joshua (1)

COLORADO YOUNG PHYSICIAN SECTION - 1 DELEGATE
(D) Capin, Leslie R. (1)

COLORADO MEDICAL STUDENT SECTION - 1 DELEGATE
None Present

COLORADO OPHTHALMOGICAL SOCIETY - 1 DELEGATE
(D) Barker, John S. (1)

COLORADO PSYCHIATRIC SOCIETY - 1 DELEGATE
*(A) Yost, John (1)

WOMEN IN MEDICINE SECTION - 1 DELEGATE
(D) Christiansen, Elinor T. (1)

COLORADO CHILD & ADOLESCENT PSYCHIATRY SOCIETY
None Present

COLORADONEUROSURGICAL SOCIETY
None Present

COLORADO OTOLARYNGOLOGY & MAXILLOFACIAL SOCIETY
None Present

COLORADO DERMATOLOGIC SOCIETY
(D)Nuss, Donald D. (1)

ROCKY MOUNTAIN ACADEMY OF OCCUPATIONAL MEDICINE
(D) Evans, William T. (1)

COLORADO SOCIETY OF CLINICAL PATHOLOGISTS
None Present

COLORADO RADIOLOGICAL SOCIETY
None Present

(D) Elected Accredited Delegates
(A) Elected Accredited Alternates
*(A) Substitute Accredited Alternates

STACKS

colorado medicine

May 1, 1989 Volume 86, Number 9

information \in-for-má-shun\ *n*

1 : the communication or reception of knowledge or intelligence
2 : knowledge obtained from investigation, study, or instruction
3 : ***Colorado Medicine*** Magazine

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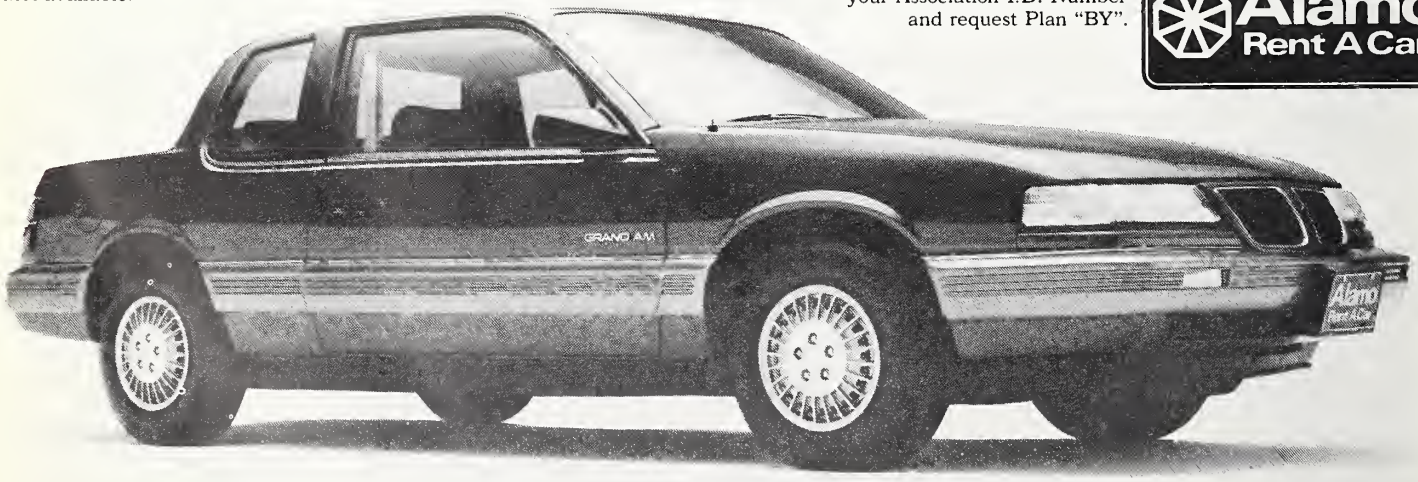
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colorado medicine

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of Montgomery Little Young Campbell & McGrew, Attorneys to the CMS

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COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 5575 DTC Parkway, Suite 240, Englewood, CO 80111. Telephone (303) 779-5455. Outside Denver area, call 1-800-654-5653. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550. Adddress all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.
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Harold F. Frye, Executive Editor. William S. Pierson, Managing Editor. Michael Thompson, Ass't. Managing Editor

MEDICO-LEGAL NEWS

Prepared for the Board of Directors and members of the Colorado Medical Society by the legal firm of **Montgomery Little Young Campbell and McGrew,** *PC, Attorneys for CMS.*
(Note: These articles are not intended to give specific legal advice but to simply alert the readers to potential problems. For specific advice you need to consult your tax advisor.)

Changes to Watch For in the Tax Laws—

Maybe the only really certain thing in life is change...

by ***Kerwin H. Fulton****, Esq., one of three estate and gift tax planners at*
Montgomery Little Young Campbell and McGrew, PC

Mark Twain said that while the only sure things in life are death and taxes, at least death doesn't change every time Congress meets.

The Economic Recovery Act of 1981 changed the Federal Estate Tax laws and the Tax Reform Act of 1986 changed the Income Tax Laws. You need to know of these changes so that you can plan your moves.

INCOME TAX

The Tax Reform Act of 1986 cut out many deductions and restricted others. But the law also reduced the tax rates. You may end up paying more in personal income tax than you did before, which makes accurate record keeping on deductions more important than ever.

The lower individual tax rates contained in the 1986 Act are in jeopardy, notwithstanding a close reading of Mr. Bush's lips. Look for an increase in rates in 1989 or 1990. You might want to "realize" income now to take advantage of the lower rates. The reductions on personal deductions which were the trade off for the reduced rates, will probably remain unchanged.

Before the 1986 Act, there was a significant advantage in having income treated as capital gain rather than ordinary income. Congress eliminated the distinction between net capital gains and ordinary income, taxing both at the same rates. Look for a partial restoration of the capital gains scheme along with higher tax rates.

The 1986 Act makes a distinction between active and passive losses. In their battle against "tax shelters" the IRS and Congress restricted the deductibility of losses resulting from passive investments such as limited partnerships. Before 1986, passive losses could be offset against ordinary income from any source. Those days are long gone, requiring more planning than ever. Now, with few exceptions, passive losses can be deducted only from passive income, with excess losses being carried forward. Unfortunately, this statute has also adversely affected many legitimate and non tax oriented investments. Anyone interested in an investment which generates passive losses should first consult his tax advisor. It is not likely that this rule will change any time soon.

"One of the most troublesome changes contained in the 1986 Act is the adoption of Section 89."

One of the most troublesome changes contained in the 1986 Act is the adoption of Section 89. The law's intent is, in part, to provide uniformity in the taxation of certain insured and uninsured employee benefit plans. The principal targets are accident or health (whether or not insured) and group term life insurance plans.

Before the 1986 legislation, street wisdom was that "highly compensated" employees (physicians) could provide benefits to themselves without giving comparable benefits to lesser paid employees. The law seeks to fix this by setting up "discrimination tests". These tests are *very* complex and full of exceptions, ratios, percentages and definitions such as "nonhighly compensated employees".

A highly compensated employee is one who is a 5% owner of the employer and earned more than $75,000 or earned more than $50,000 and was in the top 20% of employees by compensation or an officer of the employer who received compensation greater than about $49,000. All other employees are nonhighly compensated. The result of these rules is to require coverage for virtually all full time employees of a small to medium sized practice.

If the employer violates the discrimination rules, the highly compensated employees must include the value of the "discriminatory excess" in their own gross income. *The numbers could be big*, and penalties can be assessed.

Section 89 was designed to cure a real problem, but it may have the unintended effect of forcing abandonment of employee benefit plans in small to medium sized offices because of the

complexity of the computations and reporting requirements. You should speak with your tax advisor about this law immediately.

ESTATE TAXES

Once you have paid income tax, how do you keep the rest?

The Economic Recovery Act of 1981 provided for an increased credit against estate tax. Now you don't have to pay tax on the first $600,000 given as a gift, by inheritance or by both. You should consider using a portion of this credit during your lifetime, particularly if you expect the property to appreciate much. There is also the annual exclusion from the gift tax of $10,000 per donee ($20,000 with spousal consent) before any of the $600,000 credit must be used. There has been some discussion of reducing the credit but since a reduction wouldn't reduce the deficit much, it may stay around for a while.

It may make some sense for you to make certain now that each spouse has an estate of at least $600,000 in order to take advantage of this deduction no matter who dies first.

The other major change in the estate and gift tax laws was the granting of an unlimited marital deduction which applies to dispositions at death and to gifts during your lifetime. Gifts between spouses, no matter what the amount, are exempt from gift or estate tax and they do not reduce the available credit.

One of the most troublesome provisions of the Revenue Act of 1987 is the new Section 2036(c). The lawmakers intended to eliminate some loopholes, but an unintended result of this act may be to eliminate the estate tax advantage of having an irrevocable trust funded by life insurance or otherwise where your spouse is the beneficiary or has some power over its disposition. If you have such trust, you need to call your tax advisor to see if you are affected. The government has not issued any regulations to guide us yet, which makes the status of irrevocable trusts uncertain.

Space clearly prohibits a definitive examination of the many other changes which have and will occur in the income and estate tax laws. This brief overview should, however, give the readers food for thought in present and future tax planning. *C/M*

COPIC COMMENT

INSURANCE ANATOMY REVISITED... ...NOSE COVERAGE & TAIL COVERAGE

No we haven't flipped completely out! It just seemed like the right time to once again review those peculiar insurance terms noted above, and to explain COPIC's policies regarding them.

- **Nose Coverage** (Prior Acts Coverage) — If a physician wishes to move from coverage with another claims-made carrier to a COPIC policy, he/she will need to provide coverage against unknown claims during the period of coverage with the prior insurer. This can be accomplished through the purchase of an extended reporting endorsement ("tail policy") from the other carrier, or get "nose coverage" from COPIC—meaning that we would extend coverage for those unknown claims which could be brought in the future for events which occurred prior to the purchase of our policy. This coverage is available from COPIC, and can be arranged for you if necessary. The application process is slightly longer—since we must perform the usual underwriting tests and contact your prior carrier—so you must assist us by allowing sufficient time for that process. COPIC prior acts coverage can be issued to cover up to four years' prior exposure; you will enter in a "maturity year" of the claims-made policy which reflects the extra years being picked up by the prior acts endorsement. Contact Policyholder Services or Underwriting representatives for further information.
- **Tail Coverage** (Extended Reporting Endorsement)—COPIC offers the tail policy to departing physicians at a maximum premium which is equal to your expiring annual premium (may be less, if your claims-made policy is less than "mature"). As recently announced, this policy is available free to those physicians who are retiring from medicine at age 55, and who have been insured by COPIC for 6 years. In addition, tail coverage is also free to those who become permanently disabled or die, regardless of age at the time of those events. To obtain tail coverage from COPIC—either free or on the payment of a premium—you must apply for such a policy within 60 days of the expiration of your expiring policy.

HCFA Establishes "Special Reasonable Charge" Allowances for Physician Services

by James H. Gigax, Esq.
Banta, Hoyte, Banta, Greene, Hannen & Everall, P.C.

(Editor: Mr. Gigax was, until recently, the Associate General Counsel of Blue Cross and Blue Shield of Colorado. He is now practicing with the above mentioned Englewood, Colorado firm.)

This article highlights the final version of federal regulations whereby the Health Care Financing Administration (HCFA), may establish special reasonable charge limits for physician services. If a given standard allowance is—by measurable criteria—grossly excessive or deficient, HCFA may set a special allowance. The reader is cautioned, however, that regardless of the literal terms of the regulations, little practical impact on most physicians is likely to be perceived.

"If a given standard allowance is—by measurable criteria—grossly excessive or deficient, HCFA may set a special allowance."

Effective September 9, 1988, HCFA adopted final regulations specifying all of the circumstances under which HCFA will consider establishing special reasonable charge payment limits for physician services reimbursed under Part B of the Medicare program. The new regulations also apply to supplies and durable medical equipment reimbursed under Part B. Interim rules implemented the prior changes mandated by the Omnibus Budget Reconciliation Acts of 1985, (COBRA) 1986, (OBRA) and 1987; the final rules became effective in 1988 and essentially codified all of the changes previously adopted, as well as regulations adopted in 1988.

BACKGROUND

The Social Security Act (Act) requires that all payments under Medicare Part B must be fair and reasonable. What is "reasonable" is normally based upon customary and prevailing charges. For physicians' services, the reasonable charge is generally the lower of (1) the actual charge, (2) the customary charge made by the physician, or (3) the prevailing base year (1973) charge, as adjusted, which is generally fixed at the 75th percentile in the range of customary charges for similar services in the locality. However, HCFA recognized that the standard method of calculating the reasonable charge for given service could and can, in some instances, result in payments that are unreasonable. Accordingly, through a series of Omnibus Budget Reconciliation Acts passed by Congress in 1985, 1986 and 1987, the Act was amended to specify the various and distinct circumstances under which HCFA may establish special reasonable charge allowances which are "realistic and equitable." The Act was also amended to provide for limitations on the amount that non-participating physicians may charge for a service if a special reasonable charge limit has been established for that physicians' service. HCFA is now also authorized to make "inherent reasonableness" adjustments to payment levels for durable medical equipment, prosthetic devices and orthotics furnished on or after January 1, 1991, so long as HCFA follows the same procedural requirements applicable to physicians' services.

The Department of Health and Human Services has stated plainly that neither the amendments to the Act nor the new regulations are intended to alter relative compensation levels between "procedural" and "cognitive" services. Achieving equity in this regard would likely require a sweeping overhaul of the payment sections of the Act and adoption of a relative value scale (RVS) reflecting a given service's risk, time and complexity. However, Congress is to receive by July 1, 1989 a set of recommendations regarding a proposed resource-cost based RVS system.

"Congress is to receive by July 1, 1989 a set of recommendations regarding a proposed resource-cost based RVS system."

FINAL REGULATIONS

The new regulations in effect shift the authority and responsibility to make special physician service allowances to HCFA from the various Medicare Part B Carriers. While HCFA's determination as to inherent reasonableness may apply to both physicians and non-physician services and supplies, Carriers are authorized to make determinations only with respect to non-physician services.

HCFA must consider a number of factors before determining that application of the standard reasonable charge methodology to any physician service yields an allowance that, by "grossly excessive" or "grossly deficient" criteria criteria, is not inherently reasonable. HCFA's standard allowance may be deemed "grossly excessive" or "grossly deficient" if a given health

care marketplace is not truly competitive, if the charge involves the use of a new technology for which there is little charge history, or if prevailing charges in a locality vary greatly from prevailing charges in other localities. The factors also include whether there have been increases in charges for a service that cannot be explained by inflation or technology and whether the prevailing charges for a service is "grossly" higher or lower than production costs. Significantly, importance is given to the degree to which Medicare allowances vary from what non-Medicare third party payors and others pay for the same service.

"HCFA is to ...establish a reasonable charge that is realistic and equitable."

Once it is established that the standard change allowance is grossly excessive or deficient, HCFA is to consider available information relevant to the category of service in order to establish a reasonable charge that is realistic and equitable. The factors to be considered in establishing a specific dollar amount for a service include the cost of providing the service, differences in charges to non-Medicare and Medicare patients for the same service, the rate of utilization of the service, and the charges for that service in other localities. HCFA must also consider the potential impact of the new charge allowance. For instance, HCFA is to consider the potential impact on service, quality and access, beneficiary liability, assignment rate, and participation rates of physicians. Also relevant are resource costs, i.e., the time involved in pre-procedure evaluation and post-procedure follow up as well as complexity and risk. HCFA is also required to consult with representatives of the physicians likely to be impacted by any change in the reasonable charge. The physicians must be consulted before HCFA makes a determination that a charge is not inherently reasonable by reason of its being grossly excessive or grossly deficient.

Similarly, the regulations provide that if special limits are established based upon comparisons of prevailing charges in other localities, an adjustment may be made only if differences in practice costs have been taken into account. Further, regional differences in fees will be given weight in establishing special limits unless it is shown that there is a "substantial economic justification" for a uniform fee or uniform payment limit. In other words, differences in costs of living, and costs of providing a particular service in varying regions, will be taken into account before a national rate is imposed for a given service.

PUBLIC NOTICE AND COMMENT REQUIRED

As noted above, HCFA is required to consult with representatives of physician groups likely to be impacted by the proposed new allowance level. Further, HCFA is required to adhere to legal notice and public comment procedures, including publication in the ***Federal Register***, of any proposed limit on reasonable charges for physicians' services. The notice must specify what charge or methodology is proposed to be established with respect to the service and the criteria that HCFA used in determining the subject charge or methodology. The notice must also explain any potential impact, such as beneficiary liability, which might be caused by the new limit. A 60 day public comment period follows. After considering any comments made with respect to the proposal, final regulations are published with respect to the final determination on the reasonable charge or methods to be established with respect to the service.

As an example from another context of the publication by the Department of Health and Human Services of notice of proposed Medicare regulations which impact physicians, on January 23, 1989, HHS published proposed safe harbor regulations which, if adopted, would define payment practices that are not prohibited by Medicare and Medicaid anti-kickback provisions. Practices covered by this "safe harbor" would be exempt from the Civil Money Penalties Law and criminal sanctions. The proposed rules hada 60 day comment period which ended March 24. National "inherently reasonable" limits would follow the same published notice and public comment procedure.

PROSPECTIVE

In practice, there exists on the part of HCFA a presumption that reasonable charge allowances calculated by the standard rules are reasonable. This and most other presumptions and regulatory interpretations by administrative agencies are accorded a great deal of deference by reviewing courts. The new regulations have been used very infrequently to raise the standard allowance. Further, on the face of the new regulations, it would appear that the criteria are as likely to yield a finding that a given allowance is "grossly excessive" as "grossly deficient."

Further, the practicalities of health care economics may cause the relatively specialized criteria to impact most physicians only rarely. For example, the competitiveness of many health markets may tend to equalize charges in a given market and even in other communities potentially served by the market in question. Further, the volume of charges paid by Medicare may render statistically inconsequential the impact of charges for services which are affected by new technology. On the positive side, however, it is significant that HCFA stated that the purpose of the new regulation is to assure continued availability of physicians' services, predicated on HCFA 's belief that the healthcare industry "will continue to provide needed care so long as Medicare charge screens are reasonable." Accordingly, the adoption of regulations expressly based upon calibrating physician allowances to a level which is "realistic and equitable" should be encouraging to both Medicare providers and beneficiaries. *CIM*

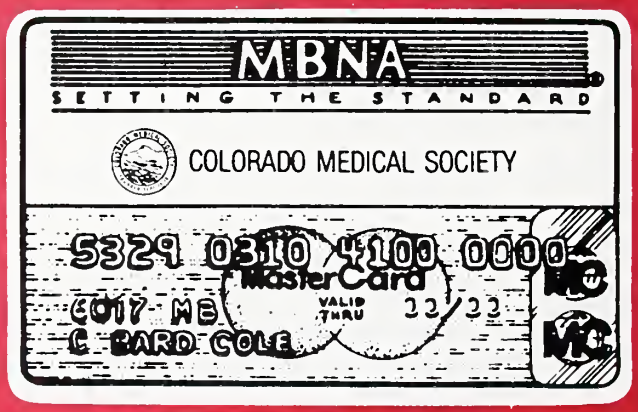
..."the adoption of regulations expressly based upon calibrating physician allowances to a level which is 'realistic and equitable' should be encouraging"

James E. Gigax, Esq.
of the law firm of Banta, Hoyt, Banta, Greene, Hannen and Everall

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BGKR 01-173 04-S17

Hall of Life-IBM Work Together to Close the Gap!

$3.8 million health exhibit project at Museum of Natural History to fill a vital need in health care.

The Hall of Life Health Education Center at the Denver Museum of Natural History is well on the way to completing its goal of opening its new exhibit area in the fall of '89. One of the highlights of the exhibits is a magnetic health card system that records individual data such as height, weight, age, blood pressure and lifestyle habits so that guests to the Hall of Life can track their progress through life. After the public exhibits hae opened, the Hall of Life will continue offering classes for students. Currently, the Hall of Life teaches classes to over 85,000 children and adults a year.

Students in four Colorado Springs School Districts are now eligible to receive some Hall of Life classes free and others at reduced rates, due to a grant which was made by the Colorado Springs Osteopathic Foundation and Family Medicine Center. In addition, volunteer support and funding has been made possible by the Junior League of Denver.



Hall of Life Division Manager Jim Goddard (right) with Lionel J. Jackson, Manager of External Relations & Communications (left), IBM. Mr. Jackson presented the Hall of Life with a $25,000 donation from IBM to go toward the new exhibits. Photo by Denver Museum of Natural History.

Colorado Medical Society Auxiliary has been active over the past 7 years as one of the principal volunteer organizations working with the Hall of Life in a variety of programs. In October, 1989, the CMS Auxiliary will be sponsoring a gala for the Hall of Life marking the grand opening of the new exhibits. These exhibits will occupy some 13,000 square feet of space in the Hall of Life's quarters. These will be responsive, state-of-the-art exhibits for all ages. The $3.8 million exhibit project has been funded largely by gtants from private foundations. However, a $550,000 "gap" still remains to be filled by corporate and other contributions.

When completed, the Hall of Life will be the most sophisticated health-education facility in the Western United States. Colorado Medical Society's many physician members have also been active supporters of the project, founded by Leo Nolan, M.D.

CMS Young Physicians Section & Denver Young Lawyers join forces to provide pro-bono medical-legal aid to city homeless

Can you volunteer 6 hours a year to help the homeless in Denver? The Young Physicians Section of the CMS, in cooperation with the Young Lawyers Division of the Denver Bar Association, is initiating a Medical-Legal Clinic for the homeless at the Stout Street Clinic in Denver. Although the medical clinic operates during the week, there is a real need for care on the weekend. The two divisions have joined to open this clinic, which will operate on Saturday mornings between 9:00 a.m. and 12:00 p.m.

Please help us make this program a success. If you can donate two Saturday mornings a year as a primary care physician, please contact Darla Leslie at CMS (779-5455, ext. 316). If you would like more information, contact Dr. Rob Bogin at 398-1333.

American Researcher Shares USSR Experiences



Douglas Murphy, MD is a professor of cell biology and anatomy at the Johns Hopkins University School of Medicine and a frequent traveler to the USSR. Recently Dr. Murphy was able to combine those interests in a research exchange program to the Soviet Union.

How does research in the Soviet Union differ from what he has experienced in the United States? In several ways, according to Dr. Murphy. One surprise was the more common use of scanning microcalorimetry to study the structure of proteins. In the US, there are only two machines capable of this in the entire country.

The Soviets "had ingenious ways of treating patient's blood serum" says Dr. Murphy. He describes a cardiology research center in Moscow where blood serum was passed over hepatocytes attached to a matrix in the hope that the hepatocytes would metabolize and clarify toxins out of the serum.which was then reinjected into the patient.

One of the major differences in the approach of the Soviets to research lies in their emphasis on mathematics and problem solving, says Dr. Murphy. He described school children who, instead of spending their free time playing marbles, would attempt to solve mathematical problems they had been working on all night long. He says their great love for this sort of activity greatly influences their research methods.

The Soviets lag behind the US in some areas of research (not all, says Dr. Murphy, modern DNA sequencing methods were largely invented by a Russian) but as a people are far more aware of what is being done in their field. Many of the researchers and even some of the general populace recognized Doug Murphy's name when he arrived and wished to discuss experiments he had published in the United States, even duplicating some of them in their own laboratories. "The Soviets are extremely well read." said Dr. Murphy, "So in the absence of having the equipment and the resources, they read voraciously and thoroughly everything that's published in science. They are acutely aware of who all the top American scientists are and what they are doing and what their recent research papers are, to the extent that they shame most Americans who visit there with no inkling about these people." This almost universal awareness is coupled with a spirit of teamwork and togetherness that just doesn't exist in the United States, he said. The spirit of sharing and communal organization compensates for the crowded lab facilities and makes research almost fun, says Dr. Murphy.

The spirit of sharing and communal organization compensates for the crowded lab facilities and makes research almost fun.

Soviet Party Leader Gorbachev's "Perestroika" has dramatically altered the research cooperation opportunities between the United States and the Soviet Union, said Murphy. "We used to have, before '84 or so, only about 50 Soviet visitors a year in science doing work in labs. That's probably at the level of a couple hundred people now a year, so it's really greatly increasing."

Dr. Murphy did molecular biology research in Moscow University labs and has so far jointly published four articles about that research. This past fall he was joined by a Soviet researcher at Johns Hopkins for three months. One difference in the way things are done is in the area of funding. The Soviets

continues next page...

don't have a grant system such as ours where there is so much pressure to publish and to conduct "grand research schemes" in order to win the big grants for further research. Instead, each facility is awarded so much money from the government which is basically divided evenly among the various projects. "That's good and bad." says Dr. Murphy, "It takes the pressure off, but it makes for a lot of shabby science as well."

Dr. Murphy has a vision for the future which is shaped by his experiences in the Soviet Union. He has arranged a cooperative effort to invite Soviet scientists to the annual meeting of their society of cell biologists, hoping to create relationships which will make future scientific cooperation easier. His long term goal is to increase the number of exchange visits made between Soviet and American scientists for this purpose.

Opportunities for cultural exchange will also increase, due to such things as perestroika and these scientific programs, predicts Dr. Murphy.

Dr. Murphy praised the internationally well known research facilities in Colorado and said that the scientific societies around the country are beginning to structure exchange programs around these facilities. The main avenues for exchange though, are still the official government programs, run by the National Academy of Sciences, Office of International Affairs, Division for the Soviet Union and Eastern Europe, and the National Institutes of Health, which has a very active program.

Opportunities for cultural exchange will also increase, due to such things as perestroika and these scientific programs, predicts Dr. Murphy. "There will be a large opening up of opportunities for cultural exchange among University students especially and to a limited extent probably for high school age students, and I think it will be valuable for both sides."

"The Soviets have a great deal to gain in this because they face an age where they have to develop a sense in their people for independence and self reliance and a little bit of ambition and self initiative which doesn't now exist at the levels they need. I think if they sent their best people abroad for education they would rapidly pick up on how important that is in our society for maintaining the momentum we do."

The Soviets big concern in all this, according to Dr. Murphy, is the fear of a "brain drain." In other words, many young people may be dissatisfied in the Soviet Union or want to stay in the US because of our standard of living, but he still sees great opportunities in the future.

What is it like to be an American researcher in the Soviet Union? Dr. Murphy says those of his friends who have read the journals he made during his experiences in the Soviet Union have urged him to publish them so that we might find the answer to that question. In the meantime our only chance will be to make the trip ourselves. That is something Dr. Murphy strongly encourages. *CIM*

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Medical News

Items of Interest to the Medical Professional

Early HIV Disease Conference

The American Medical Association and the Canadian Medical Association are cosponsoring an international conference on early HIV disease June 3-4 in Montreal. The conference will focus on asymptomatic seropositive individuals and their needs. Speakers include Luc Montagnier, MD, Pasteur Institute, Paris, Paul Volberding, MD, San Francisco General Hospital, Vladimir Pokrovskiy, MD, USSR Academy of Medical Sciences, and David Miller, DIPCLINPSYCH, World Health Organization, Geneva.

The conference will immediately precede the Fifth International Conference on AIDS, also being held in Montreal and will offer health care professionals updated, hands-on information and skills training in meeting these early care needs. For more information, contact: Bill Silberg at (312) 645-4417. *C/M*

Excellence in Patient Education

Entries are now being solicited for the three 1989 Patient Care Awards for Excellence in Patient Education. The 11th Annual Conference on Patient Education, at which the awards will be presented, is sponsored by the American Academy of Family Physicians, the Society of Teachers of Family Medicine, and Trinity Lutheran Hospital of Kansas City, MO and will be held November 6-19 in Orlando.

An award will be made in each of three categories. A family physician or other primary care physician in private practice will be recognized for excellence in patient education, a family practice residency program will be recognized for a commitment to excellence and innovative program for teaching patient education skills, and a dietitian or other health educator will also be recognized.

Application forms and criteria may be obtained from Barbara Widman, American Academy of Family Physicians, 8880 Ward Parkway, Kansas City, MO 64114, 1-800-274-2237, ext. 5530. Applications are due by July 1, 1989. *C/M*

KIND Golf Tourney

Kids In Need of Dentistry (KIND) will sponsor a charity golf tournament at Meridian Golf Club in Englewood June 26. Entry fee is $100, which includes 18 holes of golf, cart, luncheon and prizes. To enter, send name, address, phone, handicap or average score and preferred foursome to Kids In Need of Dentistry, 4857 South Broadway, Englewood, CO 80110.

KIND is a non profit organization which will provide more than a million dollars worth of care to indigent children in 1989. For more information, call (303) 761-1340. *C/M*

ICD-9-CM Coding Workshop

Rose Medical Center will sponsor an ICD-9-CM Coding Workshop at the Denver Marriott Southeast on June 8, 1989. The seminar will include information on Rules and Conventions, Symbols and Abbreviations, Fifth Digits and Specifics for certain classifications. It is designed to help medical offices comply with Medicare regulations regarding diagnosis coding and costs $95. For more information, contact Tammy Litvak at (303) 320-2484. *C/M*

Head Injury Conference

The Colorado Head Injury Foundation will present its seventh annual Family and Professional Conference at the Registry Hotel in Denver, June 16 and 17, 1989. Alice Demichelis, Legislative Liaison for the National Head Injury Foundation, Ronald Ruff, PhD, University of California, San Diego/ Learning Services Head Injury Research Institute, and Jan Settle, Manager, Medical Case Management for John Hancock Mutual Life will be the featured speakers. Call (303) 441-0537 for more information. *C/M*

Dr. Cary Receives Award

Margaret Cary, MD, MPH was named Outstanding MBA Graduate of 1988-89 by the faculty and staff of the Graduate School of Business Administration at the University of Colorado at Denver. *C/M*

CHAMPUS Institutes DRG System

The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) will pay for most care in children's hospitals and for neonatal services under the CHAMPUS DRG system (this began with inpatient admissions on or after April 1, 1989). The system will apply to all states except Maryland as well as the District of Columbia and Puerto Rico. Discharges involving pediatric bone marrow transplants, children who are HIV seropositive and pediatric cystic fibrosis will be exempted from the system.

CHAMPUS worked with the National Association of Children's Hospitals and Related Institutions (NACHRI) in developing the DRGs and will use a "children's hospital differential" to increase the adjusted standardized amount of each claim. In addition, newborn birth weights and other factors included in the Pediatric Modified DRG's will be taken into account.

High volume hospitals (with 50 or more CHAMPUS discharges in 1988) will receive a hospital specific differential for the first three years of the program, then will join all other hospitals in receiving the national differential, which will then be recalculated to include those high volume hospitals. Retroactive adjustments will be made at the end of the first year either by additional payments or return of overpayments and the thresholds for outliers have been lowered, which CHAMPUS says will result in increased payment levels for children's hospitals and neonates.

For more information, consult the Federal Register of December 16, 1988, or call CHAMPUS at (303) 361-3800. *C/M*

EMPIRES Promotional Offer Discontinued

CMS has received notification from John Guerrieri, Assistant Director of the Division of Administrative Services of the AMA, that the special promotion offer for EMPIRES biomedical literature reference services (part of AMA/Net electronic information service) was discontinued as of March 15, 1989. The special offer, which was available for 18 months, included 1/3 hour free usage in each of the three EMPIRES services, Specialty Update, Easy Search Option and Advanced Search Option. Guerrieri said the promotion had achieved its goal and encouraged CMS members to continue using EMPIRES for medical literature searches. *C/M*

Organ Donation Campaign

The Michigan State Medical Society has developed a unique method of initiating discussions between physicians and patients concerning organ donations. Since ignorance often prevents organ donations and since the crisis of a patient death creates an inappropriate time to broach the subject of organ donation, the Society has developed its "Break the Silence" campaign.

Member physicians were sent "Break the Silence" buttons and brochures explaining the program. When the patient asked about the button, the physician could explain the importance of organ donation and offer the informational brochure, detailing the need for donations and the state laws governing them. By bringing the topic out into the open before the crisis occurs, Michigan hopes to increase the number of organ donations. The program is cosponsored by the State Bar of Michigan and the Michigan Hospital Association. *C/M*

Rotary for Mexico

Many of us have forgotten the highly publicized Mexico City earthquake of 1985, assuming that the situation is now back to normal. Colorado Rotarians know better and are doing something about it.

Mexico City lost 14 hospitals and 4,500 hospital beds in the quake, making medical care difficult to provide. Emergency assistance took up some of the slack, but the Rotarians, in cooperation with the Colorado Hospital Association, have seen to it that 30 Semi trailer rigs loaded with medical and dental equipment made it to the stricken area.

Officials have said that Colorado health professionals have been generous with the equipment, which was shipped in "piggy back" trailers to the border by the Santa Fe and Union Pacific Railways, and from there to Mexico City by the National Railways of Mexico. The shipments, which included everything from anesthesia machines to X-ray apparatus, entered Mexico duty free and were found extremely useful by the health professionals in Mexico City and the surrounding areas. *C/M*

CORRECTION

Dr. Dwight S. Phelps represented the Colorado Chapter of the American College of Emergency Physicians (not the Colorado Society of Emergency Medicine, as reported in *Colorado Medicine* of April 15, 1989) at the Interim Session of the CMS House of Delegates. *C/M*

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colorado medicine

May 15, 1989 Volume 86, Number 10

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168 — **THE LOBBY:** Adjournment of '89 General Assembly leaves many unanswered requests and disappointments. Good friends of medicine emerge in voting records, and good work on part of physicians who testified.

170 — **COPIC COMMENT:** Dealing with Limits of Liability in insurance needs. Here are some answers to the question: "What limits should I carry on my professional liability policy?"

171 — **EXECUTIVE DIRECTOR UPDATE:** The Colorado-hosted Leadership Conference was well-attended and successful. Stronger Rocky Mountain area representation at the national level can be achieved.

173 — **FOR PHYSICIANS ONLY:** The "Malpractice Aspects of AIDS" is subject of new May-June seminars sponsored by COPIC Insurance Company.

174 — **PHYSICIAN-PATIENT RELATIONSHIP: CAN IT END .... PEACEABLY?** Physicians need to know how to discontinue a patient-physician relationship, so here is the best advice we can find. From insurance and AMA legal and ethical experts, the doctor has a role, but not an impossible one, to play.

175 — *MEDICAL NEWS:* Rules, regulations, developments, changes, events, all affecting your practice. News of general medical interest in Colorado.

178 — **CLASSIFIED ADVERTISING**

168 616 Introduced . . . One-third Killed (roughly)

170 Liability Limits: How High?

171 Conference A Success!

174 A Question of Ethics

175 Child Fatalities: Is the System Doing Its Job?

COLORADO MEDICINE (ISSN-0199-7343) is published twice monthly as the official journal of the Colorado Medical Society, 5575 DTC Parkway, Suite 240, Englewood, CO 80111. Telephone (303) 779-5455. Outside Denver area, call 1-800-654-5653. Second Class postage paid at Englewood, Colorado, and at additional mailing offices. POSTMASTER, send address changes to COLORADO MEDICINE, P. O. BOX 17550, Denver, CO 80217-0550. Adddress all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to the editorial and business office.
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the lobby

Thomas Balkany, MD, Chairman
Council on Legislation
and
Carol Tempest, Director
Government Affairs Division



By the time this article appears, the legislature will have met for its allowed 120 days and have adjourned on May 10th. As this is being written, a few loose ends remain; and next month's magazine article will address those as well as subjects to be studied in interim committees during the summer and fall. There are some bad feelings concerning mainly the budget bill, and the Republicans may well find themselves taken to court by the Democrats for allegedly counting votes before the bill reached the floors of the Senate and House.

SB 29, Treatment of a Child Based on Religious, Spiritual, or Personal Beliefs (Owens -R- Aurora): The final version of this bill is being worked out in a conference committee and must be accepted by both Houses.

SB 34, Improvement of the Statewide Emergency Medical Services, and Creating an Emergency Services Fund (Traylor -R- Wheat Ridge): Is awaiting action in the House Appropriations Committee.

SB 47, Unprofessional Conduct of Physicians in Relation to Controlled Substances (McCormick -R- Canon City): Became law in a form that allows physicians to prescribe Schedule III, IV, and V drugs to their families and Schedule II drugs in an emergency. The sponsor, Senator McCormick gave in very reluctantly to allowing anything but Schedule V and reminded us that physicians have a responsibility that goes with their right and that the legislature will be watching.

SB 50, Establishment of a Trauma Systems Program (Wham -R- Denver): Killed in the House Health, Environment, Welfare, and Institutions (HEWI) Committee because it appeared that different criteria were being applied to different hospitals.

SB 62, Establishment of a Central Registry for Victims of Alzheimer's Disease (Gallagher -D- Denver): Is awaiting action in the Senate Appropriations Committee.

"There are some bad feelings concerning mainly the budget bill. . ."

SB 93, Damages in Civil Actions Maintained Nothwithstanding the Death of a Party (Wells -R- Colorado Springs): Became law after being amended to place a ceiling of $250,000 on recovery for non-economic loss and to create an alternative means of establishing damages. Colorado is the last state in the union to pass this legislation.

SB 111, Smoking Tobacco in Retail Food Establishments (Fenlon -R- Aurora) was killed in the House State Affairs Committee.

SB 122, Physician Professional Review Proceedings (Wham -R- Denver) passed the Senate and the House HEWI Committee, but was killed in the House Appropriations Committee. Efforts are being made to revive the bill with late bill status.

SB 128, Requirements for Insurance Policies that are Covered by the "Colorado Auto Accident Reparations Act" (Trujillo -D- Pueblo): This bill was amended in the Senate to include a relative value scale established by the insurance commissioner, but we were able to remove the amendment in the House.

SB 183, Provision of Health Care to Injured Employees Under the Provision of the "Workmen's Compensation Act of Colorado" (Traylor -R- Wheat Ridge): Killed in the House Agriculture Committee primarily by lobbyists representing the workers (plaintiffs). CMS became actively involved when chiropractors were added as "authorized treating physicians."

SB 184, Availability of Health Care to Publicly Supported Medical Patients (Traylor -R- Wheat Ridge): Killed in the House HEWI Committee. The bill attempted to set a limit on damages recoverable by publicly supported patients, a concept that we will continue to pursue.

SB 193, Creation of the Colorado Uninsurable Health Insurance Plan (Traylor -R- Wheat Ridge): Has passed the Senate because of masterful work by Senator Traylor. It needs hurried and

equally masterful work by Representative Carol Taylor-Little -R- Arvada, in the House if it is to pass.

SB 197, Prescribing of Drugs Under an Open Drug Formulary Under The "Colorado Medical Assistance Act" (Allard -R- Loveland): Is awaiting action in the Senate Appropriations Committee.

SB 209, Motorcycle Rider Protective Measures (Mendez -D- Longmont): Killed in the House State Affairs Committee despite being stripped of anything very meaningful. It may be attempted again next year by a coalition including CMS.

HB 1001, Mandatory Insurance Coverage for Screening Mammography (Taylor-Little -R- Arvada): Signed into law by the governor on April 17. This became a very emotional bill to many legislators, especially the 29 women legislators.

HB 1036, Right of Persons to Reject Artificial Nourishment (Anderson -R- Lakewood): Signed into law by the governor on March 29. He had some personal religious feelings against the bill but was persuaded by a huge seniors lobbying effort to sign it.

HB 1050, Application of the Governmental Immunity Act to Services Provided by Health Care Practitioners and Health Care Facilities Under Governmental Assistance Programs (Irwin -R- Loveland): The bill passed the House, but was killed in the Senate HEWI Committee. It was Representative Irwin's second attempt to limit liability for persons providing "charity" care.

"The amendment was a great disappointment to CMS . . ."

HB 1089, Medical Benefits of Pregnant Women and Children Covered Under the "Colorado Medical Assistance Act" (Taylor-Little -R- Arvada): The bill was written to address women at 150% of the poverty level but was amended back to 75% rising to 100% next year as mandated by federal directive. The amendment was a great disappointment to CMS and especially to Dr. Bob Hartley who worked night and day for passage of the original version.

HB 1143, Reorganization of University Hospital (Paulson -R- Englewood): The bill became law without the governor's signature on April 21. He refused to sign it because of fear that the medically indigent program will suffer and because of an opinion from the attorney general that the bill is unconstitutional in its treatment of state employees. It will surely go to court. Editorially, this is the most fearsome bill passed for many years by the legislature - one which CMS should have fought with every ounce of strength but on which no position could be reached.

HB 1183, Unprofessional Activities by Certain Health Care Professionals Which Relate to a Patient's Care, Records, and Billings (Bond -D- Greeley): Received almost no negative votes throughout its trip in the legislature and became law. This was a top priority of the insurance commissioner primarily because of several chiropractic groups and one dental group. It was written to address every health care group licensed under the Department of Regulatory Agencies, and COPIC successfully added language very protective of physicians - many adjectives such as "repeated" and "essential" plus a statement that review criteria of established accreditation or review organizations must be used.

HB 1129, Creation of the Colorado Rural Health Care Commission to Address Issues in the Delivery of Health Care in Rural Communities (Trujillo -D- Pueblo): Killed in the Appropriations Committee because of so little available state money and because of a feeling that it could be handled by existing governmental units.

HB 1294, Conditions Applicable to Actions Against Health Care Providers Subject to the "Health Care Availability Act" (Foster -R- Grand Junction): Became law. This was simply a bill correcting flaws in last year's tort reform bill.

HB 1328, Designation of Infectious Waste by the Generator, and Providing for Disposal of Such Waste (Bond -D- Greeley): Signed into law by the governor on April 23. It is a beautifully conceived and compromised bill by Representative Bond to establish clarity and uniformity regarding the definition of infectious waste and thus avoid the inappropriate designation of it following last summer's problems on the Atlantic seaboard.

". . . no single bill of such importance that it unified physicians . . ."

In all, 616 bills were introduced in this year's session, and roughly one-third of these were killed. 165 bills were followed to varying degrees by your CMS lobbyists. It was a year in which there was no single bill of such importance that it unified physicians but instead many bills that tended to be prioritized differently by specialty groups, geographic groups, religious feelings, and just plain personal experience. It was also a year in which Colorado simply has no extra dollars to spend; and any newly discovered dollars were destined to go into education, highways, and the prison system. Physicians again made a big difference in how legislators voted, and our thanks go to those who testified in committee and who contacted their own legislators. The legislators' "report cards" will soon be compiled (*"How Colorado's General Assembly Voted in 1989"*), and you will find many good friends of medicine including a few new surprises. You should realize that the report cards in part reflect the work you do at home. Keep it up! *CIM*

COPIC Comment

Insurance Limits of Liability

"What limits should I carry on my professional liability policy?" While this is an important issue and a frequently asked question, there is no pat answer which fits all our physician policy holders. The question must be answered in light of the nature of your practice and the risks inherent in the procedures you perform; with consideration of your personal and/or corporate net worth; with some idea of the jury verdicts and settlements in Colorado; considering the potential effects of tort reforms in our State; and with an eye on the rate table which quotes the prices for various limits of liability. The items which follow are presented to assist you with your decision and are among the variables that affect which limits you choose.

1. Colorado law now mandates that medical licensure is contingent upon proof of liability insurance (or alternatives such as a bond) in a minimum amount of $500,000 per occurrence and $1,500,000 annual aggregate. This requirement is doubled in the case of a physician who has had two judgments/settlements of medical malpractice actions reported to the BME within a single year.The 1988 statute grants the year of 1989 for all physicians to procure these insurance limits and the BME will enforce this provision for licensure/renewal beginning in 1990.

2. COPIC offers policies with limits of $500,000/ 1,500,000, $1,000,000/2,000,000, and $2,000,000/ 3,000,000. The lower limit policy carries a price tag approximately 85% of that of the $1,000,000/ 2,000,000 policy. Those who prefer the highest limits available will pay approximately 125% of the premium for the $1,000,000/2,000,000 policy.

3. Only one known Colorado jury verdict resulted in an award in a medical malpractice action which exceeded one million dollars: $1,050,000 awarded in a case of delayed diagnosis/treatment of breast carcinoma in a youngish female. No negotiated settlements on behalf of physicians by COPIC have resulted in payments of a million dollars or more for a single defendant, although a few have resulted in payments for multiple defendants which exceed that amount.

4. Tort reform in Colorado in 1988 imposed a "cap" on recovery of $1,000,000 (with exceptions if wage loss and/or medical costs broach that limit) The cap includes an absolute $250,000 limit on non-economic loss (pain and suffering, etc.). Mandatory periodic payment provisions will fund all awards in excess of $150,000 present value through an annuity or like vehicle. The actual cost of such annuity is substantially reduced below the actual face value of the award, reducing the likelihood that an award will exceed insurance limits. These and other tort reform measures will be challenged in the courts and we cannot be sure of their effectiveness until they have successfully withstood that challenge. COPIC is optimistic in believing that the statutes were carefully crafted and that they will be upheld by Colorado appellate courts.

5. One of the criteria seemingly considered, as plaintiff's attorneys make their "demands", is the insurance limits carried on the physician's policy: i.e., higher policy limits seem to drive higher demands.

At the bottom line, COPIC cannot make your decision concerning policy limits. We suggest that you consider all pertinent factors, including those above, and consult with your own legal counsel before reaching a final decision.

EXECUTIVE DIRECTOR UPDATE



Hal Frye,
Executive Director, CMS

CMS Sponsors Successful Rocky Mountain States Leadership Conference

110 persons including physicians, their spouses, invited guests, and medical society staff members participated in this most successful conference. **Beach Hall, Assistant Director of Health Care Benefits for General Motors Corporation,** led off the conference with an excellent presentation outlining General Motors current health plan for the over one million people they insure. He stated that some of their main objectives are 1) to encourage more of their enrollees to utilize managed health care plans; 2) to strengthen the utilization review systems within the managed health care programs; and 3) developing stronger preventive health programs. This session completed with a lively question and answer time.

The remainder of the Friday morning session was four breakout sessions entitled "How Small Societies Can Be More Effective at the AMA House of Delegates," "Being an Effective Speaker," "Membership Development and Retention," and "Running an Effective Meeting." These sessions were well attended and many good ideas were shared.

John Kitzhaber, M. D., President of the Oregon Senate, led off the Saturday session. He spent considerable time outlining the current health care system and many of the problems of existing system and the necessity to begin to look at rationing health care services. He outlined what the Oregon Senate is doing to begin to prioritize services for the Medicaid patients in Oregon. His presentation raised many issues that are controversial within medicine today. His presentation was again followed by a lively question and answer time.

Thomas R. Reardon, M. D., private practicing physician from Oregon and a member of the Physician Payment Review Commission, gave an outstanding overview of the Commission's recent report to Congress. Some of the recommendations are 1) capping the degree to which the balanced bill can exceed prevailing charges; 2) developing a Medicare fee schedule established on a resource relative value scale basis; and 3) developing expenditure targets. Again the session ended with a lively question and answer time.

These sessions were professionally taped. If you are interested in purchasing a set of tapes for the three sessions, call Hal Frye or Sandy Finney at the Society offices at 303-779-5455 or 1-800-654-5653. *CM*

Notice to Policyholders, Claimants and Creditors of

EMPIRE CASUALTY COMPANY

OPPORTUNITY TO FILE CLAIMS

NOTICE IS HEREBY GIVEN that Empire Casualty Company, organized under the laws of the State of Colorado, with corporate offices in Ada, Oklahoma and Denver, Colorado has been placed in receivership by Order of the District Court in and for the City and County of Denver, Colorado.

Pursuant to the authority vested in the Receiver, all policyholders, claimants and creditors of Empire Casualty Company are hereby given the opportunity to file notice and proof of claim with the Receiver of Empire Casualty Company.

Notice and proof of claim must be addressed and postmarked to the Receiver at his address by midnight, September 30, 1989. NO LIABILITY, INDEMNITY, OR CLAIM, KNOWN OR UNKNOWN, WILL BE CONSIDERED IN THE RECEIVERSHIP UNLESS SUCH BECOMES KNOWN AND REPORTED TO THE RECEIVER ON OR BEFORE THE CLAIM FILING DEADLINE.

Claim forms are available from, and must be filed with, Robert D. Balzano, Receiver, Empire Casualty Company, 333 W. Colfax Avenue, Suite 515, Denver, Colorado, 80204.

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AIDS Seminars

COPIC Insurance Company will sponsor a series of seminars on the Malpractice Aspects of AIDS in May and June. The presenters will be Edward P. Richards, III, BA, JD, MPH, Director of the Center for Preventive Law at the University of Denver College of Law and George O. Thomasson, MD, CMP, Vice President, Medical Risk Management for COPIC Insurance Company.

The seminars are designed to provide useful information pertaining to the reporting aspects of the Colorado AIDS law, to review the current status of the Colorado Infectious Disease Reporting Requirements and to distribute physician oriented references pertaining to HIV infection.

Each seminar will last one hour and they are to be held according to the following schedule:

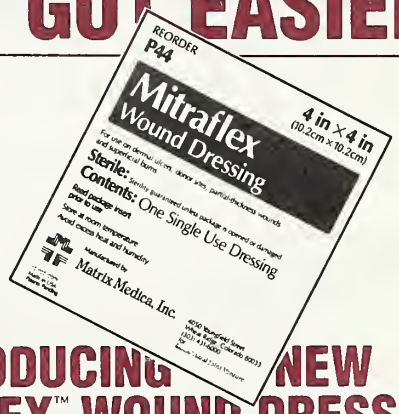
Penrose Hospital, Colorado Springs
May 18—8:00 am
Northern Colorado Medical Center, Greeley
May 23—12 noon
St. Anthony's Hospital, Denver
May 26—12 noon
Mercy Hospital, Denver
June 15—12 noon

Arrangements are being pursued to bring the seminars to other parts of the state as well. For more information, contact COPIC Risk Management at (303) 779-0044 or 1-800-421-1834, extension 338. *C/M*

CMS members dramatically involved

Dr. Richard Thompson of the CMS Risk Management Committee, and Dr. George Thomasson, Chairman of the CMS Community Health Issues Committee, will participate in the Empire Lyric Players 32nd consecutive annual production of Gilbert and Sullivan's "Princess Ida." Evening performances will be given June 15, 17, 21, 22, and 24, with a matinee on June 18, all at the Schwayder Theatre. Call 771-2564 for ticket information. *C/M*

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Discontinuation of the Physician-Patient Relationship

Based on CMS member inquiries, ***Colorado Medicine*** *has gathered together the following references to the procedure and considerations to be taken when the physician chooses to discontinue a patient relationship.*

Sources: Legal counsel of COPIC Insurance Company and the Health Law Division of the American Medical Association

Several inquiries have recently been received regarding the discontinuation of the physician-patient relationship. With few exceptions, the physician is not obligated to continue long-term care of a patient -- but the discontinuation of care must be undertaken in a reasonable manner. Reasons to discontinue the physician-patient relationship may include personality conflicts, failure to follow reasonable advice, failure to pay for services, etc.

If you feel you must discontinue your relatiohship with a patient, please keep in mind the following guidelines:

1. Maintain professionalism in all communications with the patient and in all documentation.

2. Consider the patient's health circumstances and availability of other sources of health care.

3. Inform the patient that you will no longer be available to provide health care as of a specific date. Give the patient sufficient time to find alternate health care sources. Remain available for emergeny care requirements -- you may want to be flexible regarding the time cutoff.

4. Give the patient some assistance or advice regarding other health care sources. You may refer the patient to another physician, to a medical care group or clinic, or to a physician referral agency.

5. If you are involved in management of an acute condition, avoid "abandoning" the patient part way through a specific treatment. (The classic problem example is that of a dentist who begins preparation for a crown but refuses to complete the treatment when delay in completion causes damage to the patient.) This does not require long-term care of chronic conditions such as hypertension, diabetes, etc.

6. Document your decision and advice to the patient both in your medical records and in correspondence to the patient. Use of registered mail (with return receipt) will signify importance to the patient and provide evidence of your correspondence.

7. Keep in mind that the method of discontinuation of the physician-patient relationship can cause anger and lead to other claims, or can itself be the basis for a medical negligence claim of abandonment.

COPIC Risk Management personnel and legal counselors are available to advise regarding specific cases. Do not hesitate to call COPIC if you have questions.

The American Medical Association Ethical and Health Policy Counsel refers to the following relevant ethical opinions regarding discontinuation of a physician-patient relationship:

NEGLECT OF PATIENT

Physicians are free to choose whom they will serve. The physician should, however, respond to the best of his ability in cases of emergency where first aid treatment is essential. Once having undertaken a case, the physician should not neglect the patient, nor withdraw from the case without giving notice to the patient, the relatives, or responsible friends sufficiently long in advance of withdrawal to permit another medical attendant to be secured.

FREE CHOICE

Free choice of physicians is the right of every individual. One may select and change at will one's physicians, or one may choose a medical care plan such as that provided by a closed panel or group practice or health maintenance or service organization. The individual's freedom to select a preferred system of health care and free competition among physicians and alternative systems of care are prerequisites of ethical practice and optimal patient care.

In choosing to subscribe to a health maintenance or service organization or in choosing or accepting treatment in a particular hospital, the patient is thereby accepting limitations upon free choice of medical services.

The need of an individual for emergency treatment in cases of accident or sudden illness may, as a practical matter, preclude free choice of physician, particularly where there is loss of consciousness.

Although the concept of free choice assures that an individual can generally choose a physician, likewise a physician may decline to accept that individual as a petient. In selecting the physician of choice, the patient may sometimes be obliged to pay for medical services which might otherwise be paid by a third party. (IV) *CIM*

MEDICAL NEWS

Ad Hoc Task Force Is Initiated for Review of Child Fatalities

The problem of child fatalities related to abuse and neglect has been receiving increased amounts of national and media attention. Recent research reported by the Colorado Department of Social Services suggests that child abuse/neglect related deaths have increased nationwide 23% between 1985 and 1986. Yet the system for dealing with childhood deaths is fragmented and does not facilitate the determination as to how a child died, an evaluation as to whether or not that death was preventable, nor the ensured safety of any surviving children who may be at risk.

In response to this problem, Jane Beveridge, Colorado Department of Social Services and Pat West, Colorado Department of Health have initiated an Ad Hoc Task Force to implement a formal child death review system in Colorado. In addition to the Department of Social Services and the Colorado Department of Health, this task force is comprised of representatives of the Division of Criminal Justice; Kempe National Center; Denver Health and Hospitals; District Attorney's Office; Several Coroner's Offices; Colorado SIDS Project; Colorado Medical Society; and the Governors Office.

Through the activities of three working sub-committees on Data Collection, Policy and Regulation, and Clinical Review, the Task Force will focus initially on collecting necessary and available data and reviewing cases of child fatality. The participants hope that as a result of this work they will learn about and address problems within the current reporting systems which may have contributed to unnecessary deaths or the incorrect reporting of causes of deaths and to make recommendations to ensure the safety of any surviving children.

Issues raised thus far have included the appropriate use and execution of autopsies; the appropriate completion of death certificates; training needs of coroners, physicians, law enforcement, etc.; systemic issues and resource needs which are handicapping the system for the report, investigation and follow-up of childhood deaths. Ultimately, the Task Force hopes to provide the impetus for necessary changes in the system and to implement an ongoing child death review system in Colorado.

Please feel free to contact Ellen Stein at the Colorado Medical Society if you have questions or would like more information about this task force. *CM*

Rural Workers in Colorado at Higher Risk on the Job

The Colorado Department of Health says workers in rural Colorado are four times more likely to die from on-the-job (non-traffic) accidents than are other workers. CDH has begun a study, headed by industrial hygienist Lyle McKenzie, to investigate the estimated 70 on-the-job fatalities which occur each year in Colorado to determine their causes and circumstances. "We want to find out why the death rate in rural Colorado is so much higher," McKenzie said. He said the deaths fall into four main categories: "They are 1) machinery-related; 2) electrocutions; 3)falls; or 4) incidents in confined spaces such as asphyxiation in manholes." *CM*

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MEDICAL NEWS

Tax Proposal to Benefit the Medically Indigent

Initiative of Committee for Better Health Care for All Colorado Citizens

Information relating to the 1988 Cigarette Tax Ballot initiative was presented at a recent meeting of the Committee on Care for the Medically Indigent. Revenues generated by the proposed tax increase would be used to fund health care for the medically indigent and provide a fund for support of prevention, education and research programs in smoking-related diseases.

Robert Schrier, M.D., Co-Chairman for the Committee for Better Health Care for All Colorado Citizens, who is responsible for this initiative reported that this has been submitted to the Legislature for consideration for the 1990 ballot.

Included is a proposed increase on cigarettes from $.20/package to $.25/package. The fiscal impact of this increased tax is estimated to be between $68,750,081 and $81,000,000 in 1990-91.

This initiative also provides for the increase in the tax on tobacco products to be tied to the medical care component of the Consumer Price Index and adjusted each July 1st to reflect such increases.

Seventy six percent of the revenues generated by the tax increase would be allocated to health care for the medically indigent. Of that 76% of revenues, 25% would be used to support outpatient care and 75% would be used to support hospital services.

The remaining 24% of revenues would be allocated for support of programs related to tobacco-caused health problems. Of these funds 33% would be placed on allocation to basic laboratory research. The other 67% would be for prevention, education and non-basic laboratory research programs and for evaluation to assess the efficacy of the project. Programs in this category could include tobacco prevention and education initiatives in schools and worksites; smoking cessation programs; and strategies to control environmental tobacco smoke.

A special commission to administer the fund would be appointed by the governor.

Efforts to obtain signatures on petitions to include this item on the ballot have begun and will continue throughout the next few months. The Committee on the Care of the Medically Indigent voted to support the concept and action as outlined in this initiative.

Questions concerning this initiative may be directed to Robert Schrier, M.D., or Ellen Stein, Director of Health Policy, Colorado Medical Society. *C/M*

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Colorado Trust to Address Nursing Shortage

Plan to Avoid Duplicative Curricular Requirements

The Colorado Trust announced April 26th that it will provide a $146,196 grant for a project of the Colorado Council on Nursing Education (CCNE) designed to speed the education of nurses throughout Colorado.

Jean Merrick, Program Officer for The Trust, says the award is in response to findings of the Task Force on Nursing, appointed in May, 1989, by E. Gordon Gee, President of the University of Colorado. The Task Force's report showed that the existing system of nursing education programs in Colorado discourages nurses from pursuing baccalaureate degrees. In what Merrick called a "non-system," degree-completion programs are not coordinated among schools and have repetitive course requirements that are redundant, financially costly and time-consuming. Merrick served on the Task Force, which was supported by a $25,000 grant from The Trust.

Merrick said that the CCNE, which represents all the nursing programs in the state, will develop a plan to avoid duplicative curricular requirements. Nursing educators will meet during the summer and fall to develop the plan, which will be presented to individual schools of nursing for adoption in the ummer of 1990.

The Trust's support will permit the hiring of a project administrator who will gather curriculum materials from all the nursing education programs in the state, manage statewide conferences to assess curricula and develop agreements, compile a master document and represent the CCNE and the model before the governing boards of nursing schools throughout Colorado *C/M*

MEDICAL NEWS

Colorado Health Statistics Released

Cigarette smoking, hypertension, high blood cholesterol, obesity and lack of physical activity major risks to health

Preliminary Colorado vital statistics for 1988 have been released by the Colorado Department of Health. They show some interesting, even if not surprising, trends.

Live Births

The birth rate slipped from 16.3 live births per 1,000 residents in 1987 to 15.9 in 1988. This is equal to the national average for 1988 and is the lowest since a 15.9 in 1978. CDH attributes the low rate to an aging population, recent slowing in population growth and a trend toward later childbearing.

Low birth weight babies accounted for about 7.8 percent of total resident births in 1988. Colorado has exceeded the national rate of low weight births every year since at least 1960 and had the highest rate in the U.S. in 1986, the latest year for which national statistics are available.

Deaths

Colorado's death rate in 1988 was 6.3 per 1,000, compared to 8.8 nationwide. Infant mortality was 9.5 deaths per 1,000, still less than the national rate of 9.9. The steady decline in rates since the beginning of the century tapered off in the 1980's with fluctuations between 8.6 and 10.2.

The Department of Health reported that age adjusted male death rates were significantly higher than statewide rates in 17 of Colorado's 63 counties and female rates were higher in three counties. Male rates were lower in seven counties and female rates were lower in eight. CDH says that the figures are not skewed by small populations in these counties or by differences in age distribution. Further study is necessary to determine the cause of the fluctuations.

Diseases

Cardiovascular disease is still the number one killer, both in Colorado and in the United States, with Ischemic Heart Disease accounting for over half of all deaths from cardiovascular disease. Colorado's death rate from these diseases is still well below the national average though, at 191.1 deaths per 100,000 population for heart disease in general, compared to a U.S. average of 313.4. Ischemic Heart Disease killed 133.8 of 100,000 Coloradans, compared to 211.0 per 100,000 nationwide. Even if the statistics are adjusted to account for Colorado's younger population, the state has only 130.5 deaths per 100,000 population, nearly a fourth lower than the national rate of 169.9. Heart disease killed 201.1 Colorado males per 100,000 in 1988, and 181.2 females.

Cigarette smoking, hypertension, high blood cholesterol, obesity and lack of physical activity are listed as the primary risk factors for ischemic heart and disease and other cardiovascular diseases.

Marriage and Marriage Dissolutions

There were 9.3 marriages per 1,000 population in 1988, a 24 year low. The national average was 9.7. Marriages were dissolved (either through divorce or annulment) at a rate of 5.6 per 1,000, the same as in 1987, but more than the national average of 4.8. Rates have generally decreased since an all time high of 7.6 in 1977. *C/M*

"Patients In Need" Program Expanded by Searle

One year ago, the G. D. Searle & Company announced its national "Patients In Need" program which provided medically indigent patients coupons for various heart disease prescription drugs. In Colorado, approximately 450 physicians and 181 pharmacies participated in the program. The program, administered through physicians and clinics, reportedly provided nearly 20,000 certificates good for a month's supply of free heart medicine to patients who could not afford treatment.

Because of the program's wide usage, Searle has announced that in May, 1989, the "Patients In Need" program will be expanded. In addition to Searle's seven cardiovascular medications, the program will now include the newest drug, CYTOTEC.

According to Searle, last year some 50,000 doctors participated in the "Patients In Need" program. The company estimates that between May 1 and the end of 1989 an additional 600,000 certificates will be distributed nationally. The total redeemable value at patient cost would be $30 milion. *C/M*

Intermountain States Seminar in Jackson, Wyoming

Colorado will host the 26th Annual Intermountain States Seminar (IMSS) in Jackson, Wyoming, September 14 - 16, 1989. The theme of the meeting is "New Horizons --A Peak To The Future."

The Intermountain States Seminar is a nationally-known meeting for clinical laboratory scientists, cytologists, and other related health care professionals. *C/M*

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colorado medicine

June 1, 1989 Volume 86, Number 11

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A MEMORIAL

Looking back



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If you know of someone who needs help in the areas of stroke, traumatic brain injury or other conditions requiring rehabilitation, why not give us a call. We would be more than happy to meet with you.

In the meantime, we're going to keep on cheering for Suzie, and you should too!

Mediplex-Rehab Denver
8451 Pearl Street
Thornton, Colorado 80229
Telephone: (303) 288-3000

June 1, 1989

colorado medicine

Volume 86, Number 11

COVER STORY

184—**MEMORIAL DAY**—Medical Professionals served a vital role in our national defense. Their contributions are recognized and remembered. Former Denver physician, Dr. Charles H. Queary, Jr., shared with CMS these memorable thoughts and pictures about WWI Denver Volunteer 29th Base Hospital, U. S. Army. Veterans Administration reminds us all that the efforts of our country and the thousands of dedicated medical professionals who work daily to help and serve the veterans of U. S. conflicts. Memorial Da is officially commemorated on May 30th, but we should all remember American veteransevery days.

186—**MEMBERS IN THE NEWS**—Dr. Thomas Balkany to do Cochlear implants in Israel, another first. Dr. Balkany has been applauded for his outstanding job as Chairman of the CMS Legislative Council. His departure is personally and professionally rewarding; however, his contributions to CMS legislative efforts and organized medicine will be missed while he is away.

SPECIAL CENTER SECTION

187-191—**MILE HIGH NEWS**—Colorado Medical Society Auxiliary making the transition into the future. See the special full-page Auxiliary photo montage accompanying this edition. Something for Everyone!

192—**FOR PHYSICIANS ONLY**—Items of importance to the medical profession.

- AMC Cancer Research Center gets new Director
- See **BMI ALERT!** Misnumbering in recent license renewal packet meeds correcting.

194—**CLASSIFIED ADVERTISING**

Back Cover: **Special clip-out and keep "Things You Need To Know" in choosing your professional liability insurance company**

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Harold F. Frye, Executive Editor. William S. Pierson, Managing Editor. Michael Thompson, Ass't. Managing Editor

letters to the editor

Editor

I was cleaning out some belongings of my father and came across some pictures of the 29th Base Hospital during World War I. The hospital was formed by volunteers from the Denver area. My father, Charles H. Queary* was an enlisted man who probably worked in the clinical laboratory. The outfit had their basic training at Allentown, PA, then went to Tottenham, England (a suburb of London). The hospital was housed in what looked like an ancient hospital building of some sort. (No picture of building available.)



Ward 1, 29th Base Hospital, Tottenham, England (circa 1918)

Were my father alive, he could identify some of the people in the pictures. I know that Dr. Robert Packard* was among the surgeons in the hospital, although none pictured resembled my recollection of Dr. Packard.

I am not sure how much patient care occurred; I think that the conflict may have been nearly over by the time that they reached their working destination.

The 29th Base Hospital was reactivated as the 29th General Hospital during World War II and provided a valuable service on New Caledonia Island in the South Pacific.

Sincerely
Charles H. Queary, Jr., M.D.**
St. Helena California

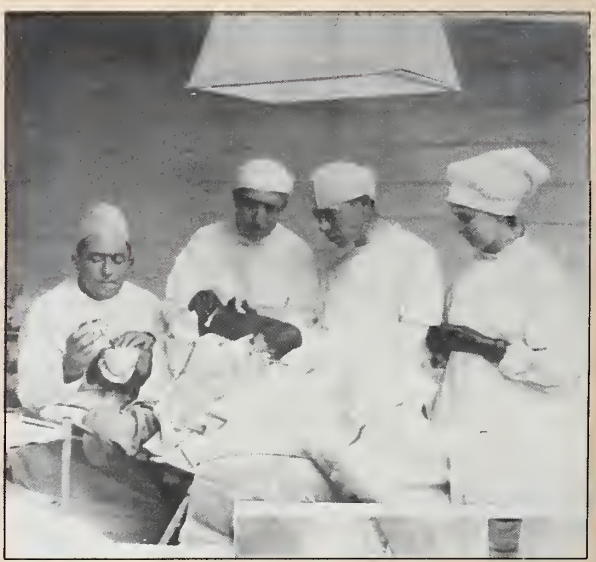
** Dr. Robert Packard was the brother of the late Dr. George Packard, also of Denver, father of CMS's Carol Tempest.*
** *Univ. of Colorado School of Medicine*
Class of 1944



Operating Room and staff, 29th Base Hospital. Dr. Robert Packard of Denver was on the surgical staff at the 29th. He was one of the original volunteers from Denver who went to Allentown, PA for basic training and then shipped with the Hospital to Tottenham, England in 1918.



Officer's Ward, 29th Base Hospital at Tottenham, England



Surgical team, 29th Base Hospital, (circa 1918)



Officers of the 29th Base Hospital (circa 1918), made up of volunteers from the Denver, CO area. The 29th was sent in the closing months of World War I to Tottenham, England. There is no identity of the individuals pictued. You may know one or more, so look carefully.

MEMORIAL DAY: Have we forgotten its original meaning? Possibly so for those among us who are older. For the young and very young, little has been told them. Memorial Day (May 30th) originally was set aside as a day to remember the war dead.

The nation has chosen during the past six decades to pay homage more to the living veteran on this day. The Veteran's Administration was established July 21, 1930, to provide benefits to veterans and their dependents. Today, the single-most visible of all benefits and services is VA's health care system, the largest in the nation. From 54 hospitals in 1930, the VA hospital system has grown to include 172 medical centers, 231 outpatient clinics, 117 nursing home care units and 27 domiciliaries. The VA operates at least one medical center in each of the 48 contiguous states, Puerto Rico and the District of Columbia. With 76,000 beds, the medical centers annually treat 1.3 million veterans. VA nursing homes and domiciliaries care for 39,000 veterans a year. VA currently is affiliated "in partnership" with 100 medical schools and 59 dental schools across the country. More than half of all practicing physicians in the United States have had part of their professional education in the VA health care system. Each year, more than 100,000 students in all disciplines receive clinical training in VA facilities.

As of Memorial Day, 1988, there were 244,711 employees on the VA rolls in a pay status. Of the total VA employees, 224,931 were in the Department of Medicine and Surgery. Among all the departments and agencies of the federal government, only the Department of Defense has a larger work force. As it was in the many military conflicts of the United States through the years, the volunteer is indispensable today, but in providing America's veterans with quality medical care. There are 83,667 members of the VA's Volunteer Service, donating more than 12.3 million hours of service each year.

In 1973, the VA took over the National Cemetery System. Today, the National Cemetery System is composed of 112 operating cemeteries in 38 states and Puerto Rico. In Denver, Fort Logan National Cemetery (in southwestern Denver on the original U. S. Army's Fort Logan grounds) consists of 214 acres. It is a regional cemetery. Fort Logan National Cemetery is under the direction of Robert L. Brake, himself a veteran of 20 years service with the U. S. Marine Corps. He has been working in the National Cemetery System since 1973.

The last dependent of a Revolutionary War veteran died in 1911; The War of 1812's last dependent died in 1947; the Mexican War's in 1962. There are a number of surviving veterans and veteran dependants of World War I.

On these pages, we salute those veterans of the medical service of the United States military and reflect on how much they have contributed to their fellow man throughout the history of this country.

ED: Our thanks to Dr. Queary for providing us with the photos and the gentle reminder of what Memorial Day was... and what it should be today, remembering the past, recognizing the survivors and paying tribute to their service to man and country.

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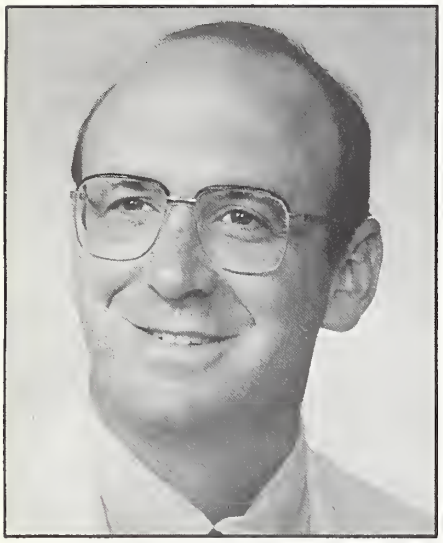
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CMS

1989 Physician's Directory Available Soon!

Dr. Thomas Balkany Helps Pioneer Surgery in Israel



Colorado Otologist **Dr. Thomas Balkany** has been asked to establish the first cochlear implant program in Israel. Dr. Balkany, who performed the first cochlear implant in Colorado and fo-founded the Colorado Otologic Research Center (CORC) in Denver, leaves June 1 to begin the program in Tel Aviv. He will perform the first cochlear implant in Israel and train Tel Aviv University surgeons in the procedure. He is expected to perform a total of 6 surgeries in Israel.

"Dr. Balkany is one of the top surgeons in the United States in this area."

Dr. Minka Hildesheimer, Tel Aviv University

"Dr. Balkany is one of the top surgeons in the United States in this area." said Dr. Minka Hildesheimer, Head of the School for Communication Disorders, Speech, Language and Hearing at the University. "He has a lot of experience and has performed many of the implantations. We are very happy that he is going to come and work with us."

Dr. Balkany's work with CORC also influenced their decision, "This is a very important teaching and research center, recognized around the world," said Dr. Hildesheimer, adding that a "sister center" relationship is being established between Tel Aviv University and CORC.

Dr. Balkany is hopeful for future prospects from this trip. "I think this is a great opportunity not only to provide cochlear implants to the deaf people in Israel, but also to train their surgeons and establish a relationship between hospitals and doctors in Israel and CORC and the Children's Deafness Foundation in Denver," he said, "After I get back this summer, doctors from Israel will come here to watch more surgery and to get more in depth training. Dr. Bernice Dinner, CORC audiologist, will go to Israel in July to help with the rehabilitation with the patients there. This is the beginning of a good exchange."

Dr. Balkany has performed more than 50 cochlear implants since Colorado's first in 1978, about a third of them for free, because "otherwise they wouldn't get done." He is chairman of the American Academy of Otolaryngology Committee on Cochlear Implants and a consultant to the FDA on the subject. He

"This is the beginning of a good exchange."

was elected chairman of the American Cochlear Implant Study Group, has engaged in a number of research projects on the use of lasers in ear surgery and safety of cochlear implants for children and is the author of a book and more than 50 articles on the subject. He has been the impetus behind the Children's Deafness Foundation (which raises money to provide cochlear implants for children) and operates the Colorado Ear Clinic, in addition to his public education work in the areas of cochlear implants, tinnitus and Meniere's disease.

Dr. Balkany is clinical assistant professor at the CU Medical School and adjunct professor at the University of Northern Colorado and Colorado State University. He is chairman of the Council on Legislation of the Colorado Medical Society and is active in the CMS lobbying efforts. *CM*

Mile High News

1988-1989 Vol. 2, Issue 4 | Colorado Medical Society Auxiliary | June, 1989

Jan Baron, Editor

A MESSAGE FROM THE PRESIDENT

WHEN I AWAKE ON JULY ONE MY TERM OF OFFICE WILL BE DONE.
AS THE SUN COMES UPON THIS FESTIVE DAY CATHERINE AND HER BOARD WILL TAKE IT AWAY.
SO PLEASE TAKE SOME TIME TO READ THIS SUMMARY OF MINE.



Sharon Cunningham, CMSA President, 1988-1989

I guarantee this was an active CMSA since the September installation of the 1988-89 board. At our "What's in It For Me" in October we learned about our personalities with the Myers Briggs Tests. The November Hall of Life fundraiser brought $22,000 profit. In December, we tried a CMS-CMSA Joint Board Holiday Sharing Card raising $700.00 and all together Colorado raised $15,564.00 for AMA-ERF. The January regional meetings were more successful than we ever dreamed. A record number of 120 auxilians and legislators attended Legislative Day in February. COPIC Agency and CMSA joined forces in presenting our first seminar on "The Dimensions of Retirement" with another surprising record attendance. Our "Don't Be A Stiff - Buckle Up for Safe Driving" Campaign Contest for Colorado high schools ended in March and the winning schools were presented their awards at the Denver Nugget -Spurs game in April. In May posters with Doug Moe encouraging students to buckle-up were sent to all high schools.

The April Spring board and general meeting went smoother than anyone ever dreamed. We had many decisions to make and sixteen bylaw changes that needed a vote. The House of Delegates will be a permanent part of the fall meeting and the board revisions were accepted with a few changes.

A special THANKS to the board who carefully handled a tremendous amount of business at our four board meetings. The Bylaws Committee spent long hours to be sure all the changes were correct. The Long Range Planning Committee has given CMSA a three year plan. The total money raised through the holiday sharing cards, the Country Store, and the sale of bags was up a thousand dollars. Legislation Chairman kept up up to date with three news letters, an outstanding Legislative Day, and Capitol Hill Gang visits. This is the forth Mile High News and the March issue was eight pages.

Health Projects has developed an innovative flow sheet of all county auxiliary activities, projects, funds raised, and scholarships given for 1988-89. The final draft will be available at the summer board meeting so ask a board member or county president for a copy. It allows you to see at a glance what each county has done, and it is impressive! As I have mentioned several times this year....

THE COUNTY IS WHERE THE WORK IS DONE. THIS IS WHERE M.D. PR IS WON!
FUNDRAISERS, BLOOD BANKS, BONE MARROW TOO, HEALTH EDUCATION IS WHAT YOU DO.
SEAT BELTS, ORGANELLA, JUST SAY "NO", MEDICAL SCHOLARSHIPS AND LOANS TO GO.
ON LEGISLATIVE ISSUES YOU DO THE BEST WHEN HEALTH CONCERNS ARE PUT TO THE TEST.

THE COUNTY IS WHERE THE WORK IS DONE. THIS IS WHERE YOU HAVE ALL THE FUN.
THIS YEAR HAD A RATHER SIMPLE THEME... TEAM UP FOR MEDICINE AND BE A WINNING TEAM.
WITH EVERY ENDEAVOR I FEEL WE WON, BUT IT CERTAINLY TOOK THE EFFORTS OF EVERYONE.
AND NOW A FAREWELL I SHALL BID WITH A SPECIAL THANKS FOR ALL YOU DID.

Dear Auxilians,

It has been a pleasure for me to meet with you this past month and to assist with your installation. Collectively you have done a great job and I have enjoyed hearing year reports and visiting with you. I look forward to working with each of you throughout the 1989-90 auxiliary year.

Thank you for your participation at the April Spring Meeting and CMSA Installation. Sharon and I appreciate your attendance and continued interest at the State and National level.

The decision was made to continue the House of Delegates so we'll need your list of delegates and alternates soon. We also welcome resolutions from each auxiliary. Guidelines for the House of Delegates and for writing resolutions are available and will be mailed to your president.

The bone marrow resolution that Colorado will present at the AMA Auxiliary Convention in June was discussed. Other resolutions for consideration at the September 15 and 16 CMSA House of Delegates include: Establishing Guidelines for dealing with problems related to Nursing Home Placement; Establishing Rules or other Guidelines for boycotting businesses who support violence, distasteful sex, and a general unrealistic depiction of life on television; Working for increased attendance at state meetings; and Working for Improved Relationships between County Medical Societies and County Auxiliaries.

We would like to have the Regional Meetings this fall, if possible. You will be contacted by your Regional Director for feedback on possible times and an agenda. Should they center on a "What's In It for ME?" program or be a leadership training session? Perhaps both areas could be covered. Please let me or your regional director know.

We have a brief calendar in this issue but I want you to keep in mind Wednesday, June 28. That's the date for the Summer Board Meeting at the Colorado Medical Society Building, Second Floor, 5575 DTC Parkway, Denver. Notebooks will be exchanged at that meeting and plans outlined for the year. We will also hear AMAA Convention reports at that time.

The 1989 Annual Session of the AMA Auxiliary House of Delegates will meet June 18-21 at the Drake Hotel in Chicago. The CMSA delegates will be Mrs. Leon Cunningham, Mrs. Franklin Yoder, and Mrs. Carter Ballinger. The alternate delegated are Mrs. Alan Benson and Mrs. Dale Kaiser.

Again this year Colorado has submitted a resolution to be voted on by the AMA Auxiliary House of Delegates. The subject of the resolution is the establishment of bone marrow recruitment agencies such as Life Savers. This resolution is a special one as it originated at county level, was accepted by CMSA and now will be presented at the national level. We are proud of Larimer County Medical Society Auxiliary working on this resolution.

Catherine Yoder
1988-1989 CMSA President-Elect

The president of CMSA is expected to give a two minute report at the AMA Auxiliary House of Delegates on one health project from Colorado. This report is as follows.

COLORADO MEDICAL SOCIETY AUXILIARY
TWO MINUTE REPORT TO
AMAA HOUSE OF DELEGATES-
1989 PRESIDENT - MRS. LEON CUNNINGHAM

"Once Upon a Time" last September a Colorado auxilian named Susie received an urgent phone call from the physician spouse of her best friend and fellow auxilian. He informed Susie that Diana had been diagnosed with leukemia and would die without a bone marrow transplant. There was no match with her family so it would have to come from an unrelated donor.

This Colorado auxilian was determined to find a match for her friend. Susie, with the help of her county auxilians, established the Rocky Mountain Donor Center. Next they organized Northern Colorado Chapter of Life Savers to educate and enlist donors who would be willing to have their blood typed and sent to the National Marrow Registry in St. Paul, Minnesota.

To make a long story short, a Louisiana donor was found. Diana received her transplant in Seattle in March. She remained in the isolation tent for 45 days. On April 13th Susie flew to Seattle, was the first to enter the isolation bubble, and the first to give her friend a hug. Diana was truly given the gift of life.

This county auxiliary became so excited about what they were doing, they decided to present their program to the state auxiliary, encouraging other auxiliaries in Colorado to recruit donors for Life Savers.

The statistics are as follows. 8000 people per year in this country are in need of a bone marrow transplant. 70% of these patients do not have a related match. The goal of the National Marrow Registry is 100,000 donors.

With these facts in mind, Susie and her fellow auxilians knew that is essential to reach nationwide. They realized that the best avenue for this was to present a resolution to this body asking county and state auxiliaries to establish recruitment agencies such as Life Savers in their communities and states. Our delegation has the necessary information on establishing such an agency.

My theme this year was "Teamwork for a Winning Team." I can't think of a better way to win than, at all three levels of this Federation, to save a life.

Sharon Cunningham
1988-1989 CMSA President

CALENDAR

Summer Board Meeting	June 28	Colorado Medical Society
CMS/CMSA HOUSE OF DELEGATES	September 14-17	Vail Westin
AMA LEADERSHIP CONFLUENCE	September 24-26	Chicago
REGIONAL WORKSHOPS	October 1989	
AMA LEADERSHIP CONFLUENCE	FEBRUARY 4-6	Chicago

Colorado Medical Society Auxiliary Long Range Planning Three-Year Plan

• **Membership** — By spring of 1992, CMSA membership will equal 35% of the membership of the Colorado Medical Society. The CMSA will actively promote membership at the county, state and national levels. The CMSA will adopt a program of flexibility to attract and retain a greater variety of members, including career/male spouses, resident physician spouses, and members-at-large.

• **Organization** — By spring of 1992, CMSA will have a part time executive secretary in place. In the spirit of health, progressive growth of the organization, the CMSA will continue to follow the policy of the "Colorado Continuum," which encourages a continuous flow of progress derived from on-going programs and smooth transitions among officers and committees.

• **Leadership**— By 1992, CMSA will offer annual opportunities for leadership training and personal enrichment.

• **Image** — By 1992, the CMSA will have established a public image as an organization that provides health education leadership in our communities and the state. Through teamwork and a continued relationship of mutual respect with the CMS, the CMSA will continue to work to improve the image of organized medicine.

• **Finance** — By 1992, the CMSA will anticipate increased financial support from the CMS as well as from the CMSA membership.

NORTHWEST REGIONAL DIRECTOR - Dina Rice (Mrs. Lee Rice)



Dina Rice brought a variety of community and auxiliary experiences to her position as Northwest Regional Director. She has served as President of the Boulder YWCA, the Gamma Phi Beta Alumnae and was on the Board of the Boulder County United Way and representative to the Metro Denver Board. Dina was honored as "Greek Woman of the Year: in Boulder in 1974. On the state level, she was appointed by the Governor as Vice-Chairman of the Colorado Committee on Children and Youth

In the Colorado Auxiliary, she served as Boulder County Auxiliary President and the President of the Colorado Medical Society Auxiliary. Dina served several years on the national board of the AMA Auxiliary, including appointments as Western Regional Director, Western Vice-President and First Vice President.

Resolution: 10
(A-89)

American Medical Association Auxiliary
House of Delegates

INTRODUCED BY: Colorado Medical Society Auxiliary
Oregon Medical Association Auxiliary

REFERRED TO: Reference Committee B

WHEREAS, There are more than 6,000 children and adults per year with fatal blood diseases, such as aplastic anemia, leukemia,and lymphoma, who could benefit from an unrelated HLA (Human Leukocyte Antigen) matched donor marrow transplant, which has proven to be a safe procedure; and

WHEREAS, Seventy percent of patients with fatal diseases treatable by marrow transplantation lack an appropriately HLA matched sibling or family donor; and

WHEREAS, HLA tissue-antigen matched normal volunteers can provide life-saving bone marrow cells to patients in need of a transplant; and

WHEREAS, A National Marrow Donor Program (NMDP) and Donor Registry has been charged by the United States Congress with the important responsibility of identifying, locating, and providing non-family donors for patients in need of transplant procedures; and

WHEREAS, The pool of identified marrow donors in the NMDP Registry is presently insufficient to meet the full national need for life-saving donors; therefore be it

RESOLVED, That the AMA Auxiliary encourage its state and county auxiliaries to take a leading role in increasing the public's awareness of the need for volunteer marrow donors; and be it further

RESOLVED, That the AMA Auxiliary encourage its state and county auxiliaries to actively promote the work of the National Marrow Donor Program and Donor Registry through educational programs; and be it further

RESOLVED, That the AMA Auxiliary encourage its state and county auxiliaries to work with community organizations, blood donor programs, and corporate sponsors to promote and facilitate the recruitment of volunteer marrow donors; and be it further

RESOLVED, That these programs be undertaken with the approval of and in cooperation with the corresponding state and county medical societies/associations.

COUNTY AUXILIARY ACTIVITIES



WELD COUNTY

The sixtieth anniverasary of the Weld County Medical Society Auxiliary was celebrated with a luncheon at the Greeley Country Club, Monday, April 10. Members and guests were welcomed by the president, Carol Bussey, who introduced the following past presidents: Eva Kuykendall, Irma Porter, Pauline Swanson, Mary Wiege, Patti Schaumberg, Shirley Wheeler, Monica Kahn, Catherine Yoder, Becky Baldwin, Nancy Crews, Anita Sprague and Kathy Burket. Vocal selections, reminiscent of the past, were sung by Nancy Crews. She was accompanied by Beth Benson.

A history of the First Sixty Years was presented by Catherine Yoder and interesting highlights of the local Auxiliary, which was established in April of 1929, were related by Eva Kuykendall, Pauline Swanson and Shirley Wheeler. Messages were read from past presidents unable to attend: Alice Heinz, Pat Wills, Virginia Zuidema and Justine Artist.

DENVER

Last spring the Denver Medical Society Auxiliary conducted a workshop for spouses of medical students and residents. The response was so positive, that the Denver Medical Society again approached us to sponsor another workshop. This year we were joined in the effort by the CMSA, Colorado Branch of the American Medical Women, Denver Medical Wives Club and the Faculty Wives Club.

We met with spouses of physicians who are in training or practice. Our goal was to review issues facing medical families today. In the 90's we'd like to inform spouses of groups or support systems that exist, and to learn from them how the Denver community, Auxiliaries, Educators and Societies can be of help during the years of medical training.

John A. Sbarabaro, M.D., chairman of the board of the DMS, presented an in depth scenario on the pressures facing the medical profession today. Of special interest were the multitude of pre-paid managed care programs which interfere with the traditional patient-physician contact. He said that the fact that 40% of all present medical students are women, would bring compassion to the profession. Because of family responsibilities, they are not interested in working the long hours with which we are familiar.

Mr. Jim Garrett, counselor with the Colorado Physicians Health Program, discussed the various problems within the medical family. We then separated into smaller discussion groups as we talked about these topics and others of concern, They ranged from suggestions on correct timing of a family during the training process, to how to become more self sufficient, how to develop personal interests in the absence of a spouse, how to relieve the loneliness which many spouses feel when they move here with no friends or family, and how to get hooked into support groups and organizations.

The day ended with a very positive feeling, knowing that our situations were not unique, and that there were people in the medical community who sincerely cared, were proud of their profession and were eager to be of help in many ways.

MESA COUNTY

Spring has arrived on the Western Slope and the Mesa County Medical Society Auxiliary is winding up another year. Our main fundraiser, a Progressive Dinner, was well attended in February by over 100 couples. The money raised will be used to fund our health education projects (GEMS (Good Emergency Mother Substitute), a baby sitter training class held at 3 middle schools per year; Organella, a large cloth doll used to teach 3rd graders about the organs of the body ; and an alcohol education presentation for 5th and 6th graders) and a community health project. All three projects were very popular this year and we have reached many Grand Valley youth through our efforts. Besides these activities, we have had several workshops on subjects such as nutrition information, interior design, a historical walk through Grand Junction, and a slide presentation on China. We will finish our year's activities with a luncheon and election of officers. Eileen Lepisto, President, Cheri Roy, Program Chairman and President-Elect have done an excellent job making this one of our most enjoyable and successful years.

PUEBLO COUNTY *Auxilians show their style in an April fundraising fashion show coordinated by Wynona Sullivan that netted $450. Photo from Betty Lenz.*





COLORADO MEDICAL SOCIETY AUXILIARY SPRING MEETING AND INSTALLATION

Course in Clinical Care of HIV Infected Patients

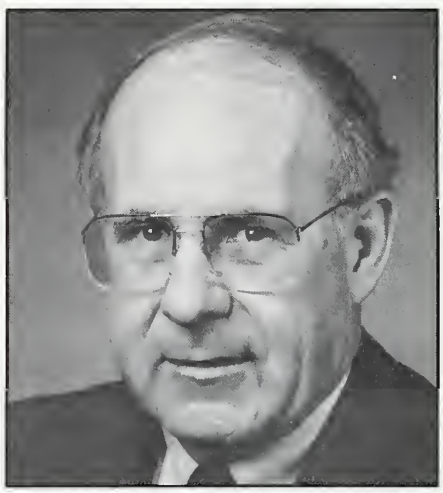
The Denver STD Prevention and Training Center has openings available in the "HIV Level I Intensive" course scheduled for June 16-23, 1989. This course is designed to offer practical clinical experience to physicians and nurses who provide direct care to HIV infected patients. A one day didactic HIV Clinicians' Update will be held at the University of Colorado Health Sciences Center (UCHSC) on June 16, 1989. The five day clinical portion (June 19-23) will contain 40 hours of instruction at the Denver Public Health Department with approximately 50% of training time spent in clinical rotations. This course is directed by John M. Douglas, MD, Associate Director of Denver Disease Control and Assistant Professor of Medicine, UCHSC. This course qualifies for 40 CME for physicians and nurses. Enrollment is limited to 5 participants. There is no charge for tuition or educational materials. If you are interested in attending this course please contact: Teri Anderson, Denver Disease Control, 605 Bannock St, Denver, CO 80204; Telephone (303) 893-7191 or 7051. *C/M*

Alert!

Thomas J. Beckett, Program Administrator of the Board of Medical Examiners has informed Colorado Medical Society that an incorrect number was given in the recent license renewal packets mailed to physicians. Mr. Beckett urged physicians to obtain a copy of the most recent report from SEARCH/AAHC on physician distribution, supply, and demand in Colorado. This is the **correct** telephone number for contacting the program:

SEARCH/AAHC (303) 270-5885

C/M



AMC Cancer Research Center Gets New Director

Joseph Cullen, PhD, Deputy Director of the Division of Cancer Prevention and Control at the National Cancer Institute (NCI) and Coordinator of the NCI Smoking, Tobacco, and Cancer Program, has accepted the position of Director for the AMC Cancer Research Center in Denver.

Dr. Cullen is a recipient of the Surgeon General's Medallion and the National Institute of Health Merit Award. He was also honored by the American Cancer Society Order of the Golden Sword. Appointed by Secretary Margaret Heckler to Senior Executive Service of the United States, Dr. Cullen has been recognized in American Men of Science for nearly two decades. *C/M*

Project Care Explained

The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) has begun its expanded home health care demonstration project, Project Coordinate Appropriate Resources Effectively (CARE), to include all CHAMPUS beneficiaries and to serve the needs of patients who have exceptionally serious, long-term, costly and incapacitating health care conditions. Project CARE will include families in Colorado. It was designed to develop and evaluate a model for case management, beneficiary and provider education and appropriate resource utilization, and involves both military and civilian community health resources.

For more information on Project CARE in this area, call (206) 670-5002.

C/M

Member Alert

It has come to our attention that some members of the Society have been approached by representatives of other organizations regarding the Society's Prime Financial Benefit Trust. The only authorized representatives are associates of MONY Financial Services and Craig McIlroy, Jerry Mudd, and Kevin Gallacher.

You should be aware that the Society has negotiated a number of enhancements to this program that are not available through other organizations. Further, the Society maintains an on-going quality control program regarding the Prime Financial Benefit Trust which many other organizations do not do.

Some members have reported receiving calls from a consultant who claims that he will help Society members get better use from their membership benefits. Please check names of callers carefully. If you have been contacted regarding the Prime Financial Benefit Trust by a representative of any organization other than those authorized by the Colorado Medical Society, please call Hal Frye or Rod Brewster at (303) 779-5455 or 1-800-654-5653. *C/M*

colorado medicine

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SPECIAL ISSUE

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The CMS offices are open daily, Monday through Friday, from 8:30 a.m. until 5:00 p.m. If you wish to reach someone in the offices after 5:00 p.m., e.g., a physician attending an evening meeting, call the switchboard number and you will be directed by recorded message how to reach the physician by a specific after-hours extension number.

Orders for Physician's Directories can be made by remitting a check or money order in the amount of $45.00 (U. S. dollars) payable to CMS Physician's Directory, P. O. Box 17550, Denver, CO 80217-0550. Members may order additional copies at $15.00 each.

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Address all correspondence relating to subscriptions, advertising or address changes, manuscripts, organizational and other news items regarding the editorial content to our editorial and business offices.

Harold F. Frye, Executive Editor
William S. Pierson, Managing Editor
Michael Thompson, Ass't. Managing Editor

COLORADO MEDICINE magazine is the official journal of the Colorado Medical Society, but as such is also authorized to carry general advertising. Publication of any advertisement in COLORADO MEDICINE does not imply an endorsement or sponsorship by the Colorado Medical Society of the product or services advertised. Published articles represent opinions of the authors and do not necessarily reflect the official policy of the Colorado Medical Society unless clearly specified.

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Section 1

COLORADO MEDICAL SOCIETY DISTRICTS

Includes listing of CMS Component Societies in each District, the towns and cities located within each District, and a Colorado state and county map indicating the geographic boundaries of the Districts.

Also included is a CMS staff support table indicating the staff member's name and areas of responsibility (council and committee coverage).

Districts of the Colorado Medical Society as set forth by the CMS House of Delegates

Northeast Rural – Morgan County edical Society, Washington-Yuma ounties Medical Society and Eastern olorado Medical Society (counties of organ, Logan, Phillips, Sedgwick, ashington, Yuma, Cheyenne, Kit arson and Lincoln).

Northwest Rural – Intermountain edical Society, Lake County Medical ciety, Mount Sopris Medical Society, ount Evans and Northwestern Colo-do Medical Society (counties of Sum-it, Lake, Eagle, Garfield, Pitkin, Rio anco, Grand, Jackson, Moffat and utt, and towns of Bailey, Conifer, ergreen, Idaho Springs and Kittridge cated in Clear Creek, Park and Jeffer-n Counties).

I Southeast Rural – Chaffee unty Medical Society, Fremont unty Medical Society, Huerfano unty Medical Society, Las Animas County Medical Society, Otero County Medical Society, San Luis Valley Medical Society d Southeastern Colorado Medical Society (counties of Chaffee, Hinsdale, Park, Custer, Fremont, Huerfano, Las Animas, nt, Crowley, Otero, Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache, Baca, Kiowa and Prowers).

/ Southwest Rural – Curecanti Medical Society, Delta County Medical Society, La Plata Medical Society and Montelores edical Society (counties of Gunnison, Montrose, Ouray, San Miguel, Delta, Archuleta, La Plata, San Juan, Montezuma and olores).

Arapahoe – Arapahoe County Medical Society (counties of Arapahoe, Douglas and Elbert, except city of Aurora).

I Aurora-Adams – Aurora-Adams County Medical Society (city of Aurora and all of Adams County east of South Platte ver).

II Boulder – Boulder County Medical Society (Boulder County and the town of Erie in Weld County).

III Clear Creek Valley – Clear Creek Valley Medical Society (Clear Creek, Gilpin and Jefferson Counties and that part Adams County west of the South Platte River).

(Denver – Denver Medical Society and Student Medical Society (Denver County).

El Paso – El Paso County Medical Society (El Paso and Teller Counties).

[Larimer – Larimer County Medical Society (Larimer County).

[I Mesa – Mesa County Medical Society (Mesa County).

[II Pueblo – Pueblo County Medical Society (Pueblo County).

[V Weld – Weld County Medical Society (Weld County).

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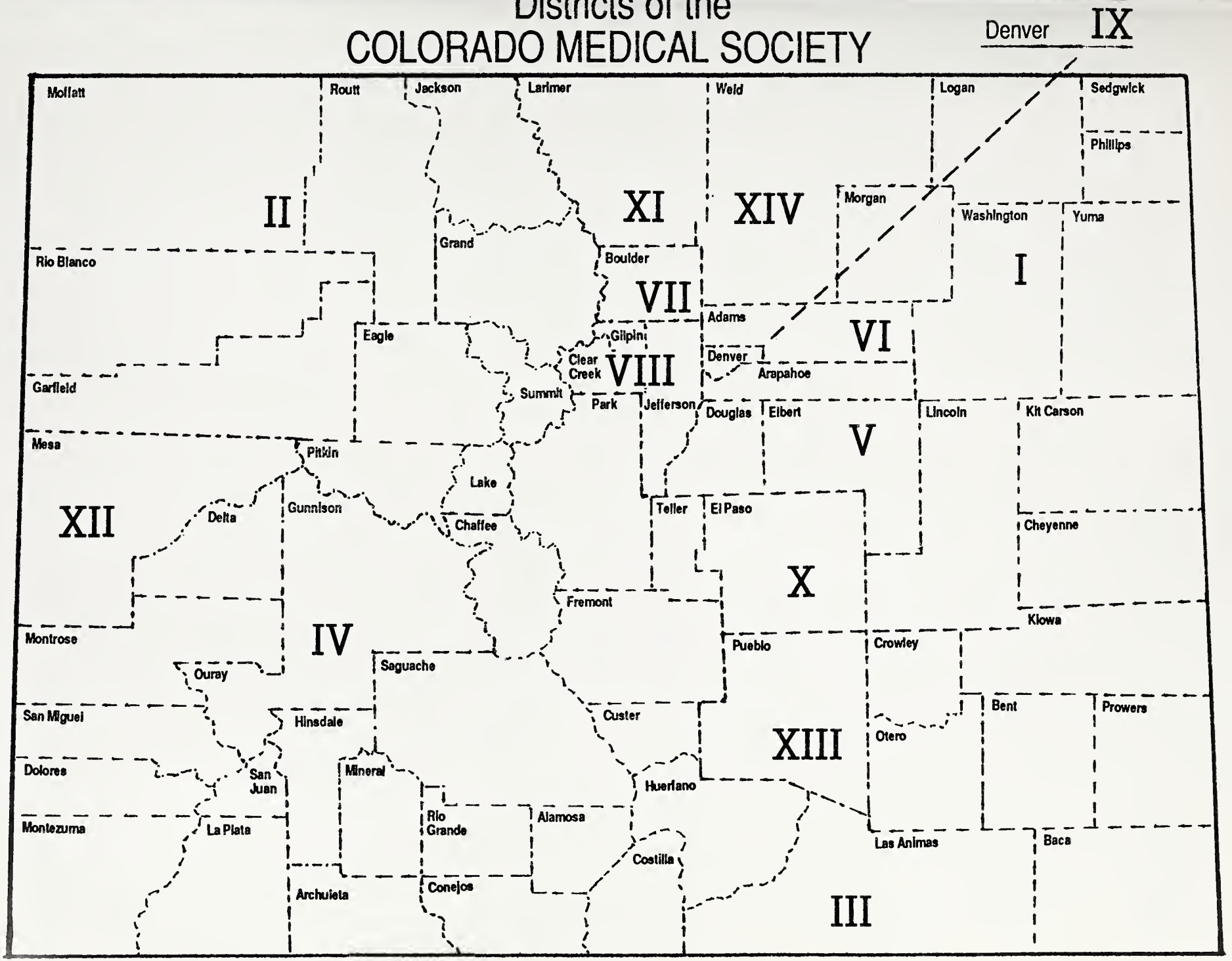
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Districts of the COLORADO MEDICAL SOCIETY



COLORADO MEDICAL SOCIETY STAFF SUPPORT TABLE

OFFICE	STAFF PERSON & TITLE	MAJOR AREAS OF RESPONSIBILITY
EXECUTIVE OFFICE	Harold F. Frye, Executive Director Sandra Finney, Exec. Administrative Ass't.	Officers & Board of Directors Finance & Executive Committees House of Delegates Council on Ethical & Judicial Affairs Committee on Ethics Colorado Medical Foundation Trust Cochems Trust Organizational Study Committee
ADMINISTRATIVE SERVICES DIVISION	Rodman Brewster, Ass't. Exec. Director Nancy Deter, Bookkeeper	Financial Management Accounts Receivable & Payable Budget Planning & Management Cash Receipts & Disbursements Payroll Cash Management
PHYSICIAN SERVICES DIVISION	Sandra Maloney, Ass't. Exec. Director Mary Ann Yanik, Administrative Ass't.	Physician/Patient Advocacy Council Medicare Advisory Committee Workmen's Compensation Advisory Cmte. Medicaid & Private Insurance Grievance Cmte. (Mary Ann Yanik) Physician/Patient Relations
COMMUNICATIONS	William S. Pierson, Director Michael Thompson, Communication Specialist	Colorado Medicine magazine Speaker's Bureau Publication & Communication Support Colorado Code of Cooperation Physician's Directory Media and community relations
PROFESSIONAL EDUCATION & SPECIAL PROGRAMS	Sharon Ponder, Director Lorraine Scott, Secretary	Countil on Professional Education Accreditation & Site Survey Cmte. CME & Practice Management Seminars Peer Review Oversight Committee Senior Coalition Mini-Internship Program Alternative Delivery Systems Hospital Medical Staff Section
HEALTH CARE POLICY	Ellen, Stein, Director Marilyn Barton, Administrative Ass't.	Council on Medical Services Pharmacy Committee Emer. Medical Care Phys. Advisory Cmte. Health Manpower Distribution Task Force Data Commission Task Force Women In Medicine Section Council on Community Health Issues Committee on Environment Committee on Maternal & Child Health AIDS Task Force Cmte. on School Health & Sports Medicine Cmte. on Medical Informatics Cmte. on Medical Care in Corr. Institutions Jails Project
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Section 2

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Section 2 contains the following:

CMS Officers and Directors
CMS Auxiliary Officers and Directors
Colorado Hospital Association member hospitals, their administrators and/or executives, addresses and telephone numbers.
Colorado Department of Health staff names and telephone numbers.

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National -- The AMA Auxiliary
State -- The Colorado Medical Society Auxiliary
County -- Counterparts of individual county medical societies.

Auxiliary members:
-- Provide support for each other at a time when changes in practice of medicine are so great;
-- Participate in health projects and community service projects within their own communities;
-- Become aware of and informed about issues pertaining to medicine;
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The real work of the auxiliary is done at the county level. Efforts are coordinated at the state level. And the whole picutre is seen from the national level. The national auxiliary also provides resources and leadership traininhg opportunities for all members.

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Ann Lockhart, Public Relations	331-4609
Richard Hoffman, MD, State Epidemiologist	331-8330
Vital Records (Recorded message)	320-8474
AIDS Information Service (Recorded message)	
Denver Area	333-4336
Statewide	1-800-252-AIDS

EMERGENCY NUMBERS

Medical (24 hour)	370-9395
Environmental (24 hour)	377-6326

SECTION 3

COLORADO MEDICAL SOCIETY MEMBERSHIP LISTING BY GEOGRAPHIC LOCATION

The following listings reflect the physician's primary* practice location (listed alphabetically, by city and town), the home address (if the physician has directed that this be listed), the component society membership and specialty practice areas.

*The use of the term "primary" in this directory indicates the primary place of practice where the physician wishes to receive CMS and practice-related mail and communications.

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- LIFE INSURANCE
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American Medical Student Association



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J. Alan Favre
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Englewood, CO 80111
(303) 770-9970

This is your 1989 PHYSICIAN'S DIRECTORY. It is structured so that it will be easy to use for anyone wishing to find a referral, a physician specializing in a certain practice area (medically and geographically), that physician's practice status, CMS and component membership status. Rather than obscure codes we have provided actual component membership and specialty listings. The main listings are alphabetical by geographic practice location as indicated by the physician on a response card. Other listings refer to them.

Typical of the alphabetical address listings are the following points;

Following the name (which appears in bold type), is the address of the member's primary practice location, with the city and zip code. The (H) indicates a home address, city, and zip.

Phone numbers are to the right of their respective addresses unless the member indicated on the response card that a number was to be unlisted. The area code is 303 unless otherwise indicated.

Jones, Mary L, MD
10643 Ridgeway Rd
Alamosa, 81101 (719) 845-0951
(H) 93 Fairway Dr
Del Norte, 81132 (719) 846-0211
SAN LUIS VALLEY MED. SOC.
FAMILY PRACTICE

The component society of which this person is a member is indicated here.

Each physician was asked to indicate one or more specialties on a response card. Their responses are indicated here, with the primary practice specialty first. The specialty designations are those established by the AMA and used by CMS.

After the main listings, there is a section devoted to listing the membership by component society of CMS. This listing appears as follows:

SAN LUIS VALLEY — This is the component Society

Jones, Mary L; Alamosa; Del Norte

This is the physician's primary practice location (as indicated on the response card). You will find the office listing and other information in the first sectrion listed by city-town.

The next section lists all members by their specialty practice preference. Following this is the alphabetical index of all CMS members:

FAMILY PRACTICE — This is the specialty practice heading

Jones, Mary L; Alamosa; Del Norte

This indicates the cities the physician has indicated for office and/or home addresses

NOTE: When the office and home addresses are in different cities, the full listing for that physician appears under both city headings.

AKRON, CO

Brittain, Philip C, DO
482 Adams
Akron, 80720 345-2262
(H) 678 W 11th
Akron, 80720 345-6890
WASHINGTON-YUMA COUNTY MED. SOC.
GENERAL PRACTICE

ALAMOSA, CO

Anderson, Sidney, MD (Ret)
809 3rd St
Alamosa, 81101 (719)589-5975
(H) 809 3rd St
Alamosa, 81101 (719)589-5975
SAN LUIS VALLEY MED. SOC.
GENERAL PRACTICE

Bunch, Littleton J, MD (Ret)
(H) 8700 S River Rd
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
FAMILY PRACTICE

Culp, Raymond M, MD
1847 2nd St
Alamosa, 81101 (719)589-4984
(H) 11298 Co Rd 14
Del Norte, 81132 (719)657-3594
SAN LUIS VALLEY MED. SOC.
PSYCHIATRY

Firth, Michael G, MD
1710 First St
Alamosa, 81101 (719)589-3658
(H) 5800 Blue Spruce
Alamosa, 81101 (719)589-6042
SAN LUIS VALLEY MED. SOC.
INTERNAL MEDICINE

Garcia, Elizabeth M, MD
Guadalupe Hlth Ctr
PO Box 607
Antonito, 81120
(H) PO Box 1574
Alamosa, 81101
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

Gonzales, Eugene A, MD
404 Morris St
Monte Vista, 81144
(H) 2209 Clark St
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
FAMILY PRACTICE

Harrod, C Scott, MD
1847 2nd St
Alamosa, 81101 (719)589-4984
(H) 7 Mountain View Pl
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
INTERNAL MEDICINE

Judson, James N, MD
1847 2nd St
Alamosa, 81101 (719)589-4984
SAN LUIS VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Kelly, Robert R, MD
1847 2nd St
Alamosa, 81101 (719)589-4984
(H) 101 Laveta Ave
Alamosa, 81101 (719)589-6324
SAN LUIS VALLEY MED. SOC.
PEDIATRICS

Labouisse, David W, MD (Ret)
PO Box 1308
Alamosa, 81101
(H) 1402 First St
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
RADIOLOGY

Linden, Robert A, MD
1710 First St
Alamosa, 81101 (719)589-3658
(H) 7590 El Rancho Ln
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
INTERNAL MEDICINE

MacLeod, William A J, MD
1847 2nd St
Alamosa, 81101 (719)589-4984
(H) 4710 Sierra Vista Rd
Alamosa, 81101 (719)589-3944
SAN LUIS VALLEY MED. SOC.
GENERAL SURGERY

McHugh, Robert L, MD
Alamosa Comm Hosp
Alamosa, 81101 (719)589-2511
(H) 7463 El Rancho Ln
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
RADIOLOGY

Nason, Herbert M, MD
1847 2nd St
Alamosa, 81101 (719)589-4984
(H) 78 Bell
Alamosa, 81101 (719)589-5267
SAN LUIS VALLEY MED. SOC.
FAMILY PRACTICE

Porter, Richard F, MD
112 San Juan
Alamosa, 81101 (719)589-4552
(H) 112 San Juan
Alamosa, 81101 (719)589-4552
SAN LUIS VALLEY MED. SOC.
RADIOLOGY

Ruddell, James W, MD
1847 2nd St
Alamosa, 81101 (719)589-4984
(H) 720 Berkeley
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
GENERAL SURGERY
GENERAL PRACTICE

Sunderman, Steve R, MD
1847 2nd St
Alamosa, 81101 (719)589-4984
(H) 805 Diamond Dr
Alamosa, 81101 (719)589-5040
SAN LUIS VALLEY MED. SOC.
INTERNAL MEDICINE

Thomas, Joseph D, MD
1847 2nd St
Alamosa, 81101 (719)589-6605
(H) 5209 Loma Linda
Alamosa, 81101
SAN LUIS VALLEY MED. SOC.
FAMILY PRACTICE

Wagner, R Paul, MD
1847 2nd St
Alamosa, 81101 (719)589-3634
(H) 7 Bellwood Dr
Alamosa, 81101 (719)589-9752
SAN LUIS VALLEY MED. SOC.
OPHTHALMOLOGY

ANTONITO, CO

Celada, Marco A, MD
PO Box 416
Antonito, 81140
SAN LUIS VALLEY MED. SOC.
GENERAL PRACTICE

Garcia, Elizabeth M, MD
Guadalupe Hlth Ctr
PO Box 607
Antonito, 81120
(H) PO Box 1574
Alamosa, 81101
PUEBLO COUNTY MED. SOC.
FAMILY PRACTICE

ARVADA, CO

Barker, John S, MD
9950 W 80th Ave, #26
Arvada, 80005 422-2305
(H) 6721 Simms St
Arvada, 80004 421-6198
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

Besch, Nicholas J Jr, MD
7878 W 80th Pl
Arvada, 80005 425-0500
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY

Campbell, Barton H, MD (Ret)
8850 Ralston Rd
Arvada, 80002 424-4433
CLEAR CREEK VALLEY MED. SOC.
GENERAL PRACTICE

Carpenter, David E, MD
4485 Wadsworth Blvd, #206
Wheat Ridge, 80033 421-1263
(H) 14301 W 72nd Ave
Arvada, 80005 423-1844
CLEAR CREEK VALLEY MED. SOC.
GYNECOLOGY

Crawford, Gayle P, MD
9950 W 80th Ave, #27
Arvada, 80005 424-6466
(H) 4324 W Aberdeen Ave
Littleton, 80123
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY

Cutrell, Louis M Jr, MD
8300 W 38th Ave
Wheat Ridge, 80033 425-4500
(H) 12017 W 54th Dr
Arvada, 80002
CLEAR CREEK VALLEY MED. SOC.
ANESTHESIOLOGY

Daneshbod-Skibba, Ghodsi, MD
8850 Ralston Rd
Arvada, 80002 422-6686
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS
HEMATOLOGY
ONCOLOGY

Dilorenzo, Pasquale A, MD
6990 W 38th Ave, Box 586
Wheat Ridge, 80034 424-1569
(H) 8026 Parfet Way
Arvada, 80005 421-4282
CLEAR CREEK VALLEY MED. SOC.
DERMATOLOGY

Douglas, Kenneth R, MD
6175 W 38th Ave
Wheat Ridge, 80033 424-4022
(H) 7005 W 52nd Ave
Arvada, 80002
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY

Erben, Ivo, MD
8380 Zuni St, #230
Denver, 80221 428-0533
(H) 8015 Newman
Arvada, 80005 423-2962
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE

Ferrell, John T, MD
4200 W Conejos Pl, #214
Denver, 80204 572-1444
(H) 9265 W 83rd Pl
Arvada, 80005
CLEAR CREEK VALLEY MED. SOC.
CARDIOLOGY

Furlong, N Kenneth, MD
1650 Fillmore St
Denver, 80206 393-3346
(H) 11359 W 8th Pl
Arvada, 80005
DENVER MED. SOC.
INTERNAL MEDICINE

Gottlieb, Thomas B, MD
9950 W 80th Ave, #21
Arvada, 80005 425-1018
(H) 11900 W 75th Ave
Arvada, 80005 423-6670
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
CLINICAL PHARMACOLOGY

Hilty, Daniel E, MD
3655 Lutheran Pkwy, #406
Wheat Ridge, 80033 420-3131
(H) 14357 W 58th Pl
Arvada, 80004
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE

Hooper, Gerald H, DO
5108 W 38th Ave
Denver, 80212 477-7880
(H) 11320 W 75th Pl
Arvada, 80005 431-9449
ARAPAHOE MED. SOC.
GENERAL PRACTICE

Howlett, Roger G, MD (Ret)
(H) 14102 W 59th Ave
Arvada, 80004 421-2070
CLEAR CREEK VALLEY MED. SOC.
GENERAL SURGERY

Hrdlicka, Jan, MD
10395 W 74th Pl
Arvada, 80005
DENVER MED. SOC.
ANESTHESIOLOGY

Iwakiri, John, MD
9950 W 80th Ave, #26
Arvada, 80005 422-2305
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

Jabour, Christy, MD
12001 W 63rd Pl
Arvada, 80004 425-5536
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Jacobs, Valerie A, MD
8030 Lee Dr
Arvada, 80005
(H) 6854 Tabor Ct
Arvada, 80004
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS

Jeffers, Thomas M, MD
12001 W 63rd Pl
Arvada, 80004
(H) 7794 Quartz
Golden, 80403 467-9882
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Kessel, David, MD
8030 Lee Drive
Arvada, 80005 421-6873
(H) 14081 W 59th Ave
Arvada, 80004
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS
PEDIATRIC ALLERGY
ADOLESCENT MEDICINE
SPORTS MEDICINE

Kief, Jan M, MD
5400 Ward Rd
Bldg 1 #1
Arvada, 80002 422-8191
(H) 14290 W 70th Dr
Arvada, 80004
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE
INTERNAL MEDICINE

Kinzler, Dale L, MD
7520 W 72nd Ave, #201
Arvada, 80003
(H) 11747 W 54th Pl
Arvada, 80002 431-1399
CLEAR CREEK VALLEY MED. SOC.
OTORHINOLARYNGOLOGY
HEAD & NECK SURGERY
FACIAL PLASTIC SURGERY
BRONCHO-ESOPHAGOLOGY

Klingbeil, Heidi, MD
601 E 19th Ave
Attn: Kay Crowley
Denver, 80203
(H) 6495 Field St
Arvada, 80004
DENVER MED. SOC.

Knight, Robert A, MD
8850 Ralston Rd
Arvada, 80002 424-4433
(H) 17403 W 53rd Dr
Golden, 80403
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE

Konigsberg, Robert A, DO
9950 W 80th Ave, #23
Arvada, 80005 424-7877
(H) 1129 E Phillips
Littleton, 80122
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY

Kovach, Drew A, MD
8770 Wadsworth Blvd, #I
Arvada, 80003 431-5409
AURORA-ADAMS COUNTY MED. SOC.
FAMILY PRACTICE

Kreider, Larry W, MD
13772 Denver W Pkwy
Bldg 55 #100
Golden, 80401 279-6600
(H) 14154 W 71st Pl
Arvada, 80004
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

Leavitt, Timothy W, MD
8550 W 38th Ave, #108
Wheat Ridge, 80033 467-8700
(H) 11810 W 76th Dr
Arvada, 80005
CLEAR CREEK VALLEY MED. SOC.
CARDIOVASCULAR DISEASES

Miller, Terry D, MD
8300 W 38th Ave
Pulmonary Division
Wheat Ridge, 80033 425-2123
(H) 7929 W 70th Dr
Arvada, 80004
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE
CRITICAL CARE MEDICINE

Morris, Dorothy L, MD (Ret)
(H) 9330 W 73rd Pl
Arvada, 80005
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS

Ross, Michael H, MD
9950 W 80th Ave, #27
Arvada, 80005 424-6466
(H) 1617 Shooting Starr Dr
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY

Saunders, Daniel T, MD
9950 W 80th Ave, #27
Arvada, 80005
(H) 15160 W Archer Dr
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY

Schafer, Larry A, MD
4485 Wadsworth Blvd, #105
Wheat Ridge, 80033 425-4812
(H) 14051 W 59th Ave
Arvada, 80004
CLEAR CREEK VALLEY MED. SOC.
ONCOLOGY
INFECTIOUS DISEASES

Shiffman, Richard N, MD
9950 W 80th Ave, #24
Arvada, 80005 420-7400
(H) 6461 W 80th Dr
Arvada, 80003
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS

Simon, Robert B, MD
5730 Ward Rd, #102
Arvada, 80002 421-8020
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Smith, John P, MD
5730 Ward Rd
Arvada, 80002
(H) 2141 Elderberry Rd
Golden, 80401
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Snyder, Murray M, DO
9950 W 80th Ave, #23
Arvada, 80005 424-7877
(H) 1315 High St
Denver, 80218
CLEAR CREEK VALLEY MED. SOC.
OB & GYNECOLOGY

Straehley, Douglas J, MD
3550 Lutheran Pkwy W, #201
Wheat Ridge, 80033 422-1388
(H) 5790 Xenon Ct
Arvada, 80002 424-3152
CLEAR CREEK VALLEY MED. SOC.
ORTHOPEDIC SURGERY

Tarkanian, Malcolm A, MD
9950 W 80th Ave, #26
Arvada, 80005 422-2305
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

Thompson, Stephen D, MD (Ret)
7760 W 38th Ave, #102
Wheat Ridge, 80033 425-6515
(H) 11710 W 76th Dr
Arvada, 80005
DENVER MED. SOC.
PEDIATRICS

Tramutt, H Michael, MD
7919 Zenobia St
Westminster, 80030 430-8367
(H) 11757 W 54th Pl
Arvada, 80002 420-6041
DENVER MED. SOC.
ORTHOPEDIC SURGERY

Underwood, Larry D, MD
3550 Lutheran Pkwy W
Wheat Ridge, 80033 424-3206
(H) 12031 W 54th Ave
Arvada, 80002 422-2126
CLEAR CREEK VALLEY MED. SOC.
OPHTHALMOLOGY

Weiss, Joan, MD
8030 Lee Dr
Arvada, 80005 421-6873
(H) 3241 Tabor Ct
Wheat Ridge, 80033
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS

Weiss, Robert L, DO
12001 W 63rd Pl
Arvada, 80004 422-3491
(H) 6954 Dover Way
Arvada, 80004 421-1114
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

Williams, John F, MD
7728 Vance Dr
Arvada, 80003
(H) 6354 W 68th Cir
Arvada, 80003
CLEAR CREEK VALLEY MED. SOC.
INTERNAL MEDICINE

Wood, Robert H, MD
5730 Ward Rd, #102
Arvada, 80002 422-8090
(H) 10927 W 31st Ave
Lakewood, 80215 233-7231
CLEAR CREEK VALLEY MED. SOC.
FAMILY PRACTICE

ASPEN, CO

Ayers, Joseph S, DO
PO Box 12278
Aspen, 81612
MT. SOPRIS COUNTY MED. SOC.
EMERGENCY MEDICINE

Berkeley, Michael E, MD
100 E Main St, #101
Aspen, 81611 925-4141
(H) 1695 Silverking
Aspen, 81611
MT. SOPRIS COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Burke, James M, MD
323 W Main
Aspen, 81611 925-8005
(H) Box 6239
Snowmass Village, 81615
MT. SOPRIS COUNTY MED. SOC.
OB & GYNECOLOGY
INFERTILITY

Caskey, Jack B Jr, MD
117 S Monarch
Aspen, 81611 925-9480
(H) 117 S Monarch
Aspen, 81611
MT. SOPRIS COUNTY MED. SOC.
OB & GYNECOLOGY
GYNECOLOGY

Freeman, John R, MD
100 E Main St, #101
Aspen, 81611 925-4141
MT. SOPRIS COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Glismann, John P, MD
Aspen Valley Hospital
200 Castle Ck Rd
Aspen, 81611 925-1120
(H) 0200 Castle Creek Rd
Aspen, 81611
MT. SOPRIS COUNTY MED. SOC.
EMERGENCY MEDICINE

Mink, Barry D, MD
100 E Main St
Aspen, 81611 925-5400
MT. SOPRIS COUNTY MED. SOC.
INTERNAL MEDICINE

Oden, Robert R, MD
100 E Main St
Aspen, 81611 925-4141
(H) Box 660
Aspen, 81611
MT. SOPRIS COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Olson, Laurel M, MD
300 E Hyman Ave
Aspen, 81611
(H) PO Box 461
Aspen, 81612
MT. SOPRIS COUNTY MED. SOC.
GENERAL SURGERY
VASCULAR SURGERY
THORACIC SURGERY

Papenfus, Kurt F, MD
0220 Castle Creek
Aspen, 81612
(H) 417 Perry Pkwy
Golden, 80403
DENVER MED. SOC.
EMERGENCY MEDICINE

Protas, Jacob M, MD
0200 Castle Creek Rd
% Aspen Valley Hosp
Aspen, 81611 925-1120
(H) PO Box 1374
Aspen, 81612 923-2438
MT. SOPRIS COUNTY MED. SOC.
RADIOLOGY

urnell, Mark L, MD
100 E Main St
Aspen, 81611 925-4141
(H) 323 Free Silver Ct
Aspen, 81611
MT. SOPRIS COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Schiller, Carl F, MD
100 E Main St
Aspen, 81611 925-1120
MT. SOPRIS COUNTY MED. SOC.
INTERNAL MEDICINE

Schwartz, Arthur A, MD
Box S
Aspen, 81612 925-1180
MT. SOPRIS COUNTY MED. SOC.
GENERAL SURGERY
AMBULATORY MEDICINE
COLON & RECTAL SURGERY
TRAUMATIC SURGERY
THORACIC SURGERY

Watson, Edward R, MD
400 W Main, #200
Aspen, 81611
MT. SOPRIS COUNTY MED. SOC.
GYNECOLOGY
INFERTILITY

Weintraub, Richard M, DO
St Mary's Hospital
PO Box 1628
Grand Junction, 81502
(H) PO Box 2530
Aspen, 81612
MESA COUNTY MED. SOC.
EMERGENCY MEDICINE

Whitcomb, Harold C Jr, MD
100 E Main St
Aspen, 81611 925-5440
MT. SOPRIS COUNTY MED. SOC.
INTERNAL MEDICINE
GENERAL PREVENTIVE MED

AULT, CO

Patterson, Charles R, DO (Ret)
(H) 127 A St
Ault, 80610 834-2916
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Thompson, J Thomas, DO
120 N 2nd Ave
Ault, 80610 834-2255
(H) 127 B St
Ault, 80610 834-2804
WELD COUNTY MED. SOC.
FAMILY PRACTICE

AURORA, CO

Abrams, Fredrick R, MD
2530 S Parker Rd, #405
Aurora, 80014 368-9924
(H) 955 Eudora St, #1402
Denver, 80220
DENVER MED. SOC.
GYNECOLOGY

Aeling, John L, MD
730 Potomac, #312
Aurora, 80011 340-3378
(H) 19238 S Jamison Pl
Aurora, 80016
AURORA-ADAMS COUNTY MED. SOC.
DERMATOLOGY

Ain, Jonathan D, MD
1501 S Potomac St
Aurora, 80012 695-2643
(H) 6000 E Belleview
Englewood, 80111 773-0449
AURORA-ADAMS COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY
NUCLEAR RADIOLOGY

Albright, Phillip H, MD
730 Potomac St, #224
Aurora, 80011 344-9400
AURORA-ADAMS COUNTY MED. SOC.
DERMATOLOGY

Anger, Michael S, MD
1750 Pierce St
Lakewood, 80214
(H) 5763 S Killarney
Aurora, 80015
CLEAR CREEK VALLEY MED. SOC.
NEPHROLOGY
INTERNAL MEDICINE

Arthur, James H, MD
6540 E Hampden Ave
Denver, 80222
(H) 17766 E Jamison Ave
Aurora, 80016
ARAPAHOE MED. SOC.
PEDIATRICS

Ashkar, Louis, MD
750 Potomac St, #117
Aurora, 80011 367-8600
AURORA-ADAMS COUNTY MED. SOC.
UROLOGICAL SURGERY

Balstad, Paul D, MD
730 Potomac St, #324
Aurora, 80011 364-2866
(H) 229 S Birch St
Denver, 80222 355-0924
AURORA-ADAMS COUNTY MED. SOC.
OPHTHALMOLOGY

Barber, Donn R, MD
9191 Huron
Denver, 80221 428-7416
(H) 13840 E Progress Way
Aurora, 80015 690-3645
CLEAR CREEK VALLEY MED. SOC.
PEDIATRICS

Barlow, Michael C, MD
750 Potomac St, #111
Aurora, 80011 341-7772
(H) 6061 S Olathe St
Aurora, 80016
AURORA-ADAMS COUNTY MED. SOC.
INTERNAL MEDICINE

Extensive experience with health care issues and transactions:

- legal representation of hospitals, physicians and other health care entities and practitioners
- hospital-physician joint ventures and network organizations, PPO's and HMO's
- tax exemption issues and the unrelated business income tax
- professional corporations and partnerships
- acquisitions, mergers and reorganizations
- physician recruitment contracting
- Medicare and Medicaid issues
- real estate transactions
- antitrust law
- employee benefit plans and employment law
- tax and estate planning
- foundations and charitable gift planning

Holme Roberts & Owen

Attorneys at Law
1700 Lincoln, Suite 4100
Denver, Colorado 80203
303-861-7000
(FAX 303-866-0200)
Contact: Nancy J. Severson
or Donald J. Hopkins

Offices in Denver,
Denver Technological Center,
Boulder, Colorado Springs,
Salt Lake City

Barmatz, Hirsh E, MD
4999 E Kentucky Ave, #203
Denver, 80222 758-5477
(H) 2824 S Kenton Ct
Aurora, 80014 755-0387
DENVER MED. SOC.
OPHTHALMOLOGY

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We're here to stay... providing stability and service, year after year.

Doctors' Company Cancels Colo. Premium Increases

SANTA MONICA—With the enactment of Colorado's new tort reform legislation, The Doctors' Company has announced that it will not increase premium rates for its Colorado policyholders as previously planned.

Prior to the law's passage, The Doctors' Company advised its insureds that it had filed with the Colorado Department of Insurance for a premium rate adjustment to a maximum increase of 25.7 percent for some medical specialties. That rate filing has now been withdrawn.

"It is gratifying for us to be able to demonstrate our confidence in Colorado's new tort reform laws and in the practice standards of the state's physicians," stated Joseph D. Sabella, M.D., president and chairman of the board. "We are convinced, based on our experience in California, that significant tort reform can have a substantial impact in moderating events that result in claims and reversing adverse trends in medical malpractice litigation. We know it will take time before we see measurable benefits of the new laws," Dr. Sabella stated. "However, we believe it is important to Colorado's medical community to express our tangible support now."

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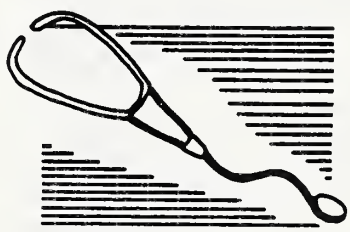
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PEDIATRICS

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HEAD & NECK SURGERY
TUMOR SURGERY
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GENERAL PRACTICE

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GENERAL SURGERY
THORACIC SURGERY

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GENERAL SURGERY
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ONCOLOGY
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FAMILY PRACTICE

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2784 Crossroads Blvd
Grand Junction, 81506 243-7050
(H) 373 Ridges Blvd, #213
Grand Junction, 81503 241-1194
MESA COUNTY MED. SOC.
INTERNAL MEDICINE

GREELEY, CO

Abbot, Stewart M, MD
2525 16th St, #C
Greeley, 80631
(H) 4118 21st St Rd
Greeley, 80634
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

Adams, John C, MD
3400 16th St, #O
Greeley, 80631 351-6216
(H) 4919 12th St Rd
Greeley, 80634 351-6178
WELD COUNTY MED. SOC.
OPHTHALMOLOGY

Allely, James W, MD
1650 8th Ave
Greeley, 80631 352-7733
(H) 1637 Glenmere Blvd
Greeley, 80631
WELD COUNTY MED. SOC.
GENERAL PRACTICE

Allen, Brian J, MD
North CO Med Ctr
16th St & 17th Ave
Greeley, 80631 352-4141
WELD COUNTY MED. SOC.
EMERGENCY MEDICINE

Allen, Neil H, MD
2410 16th St
Greeley, 80631 352-6353
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

Anderson, Gilbert I, MD
1900 16th St
Greeley, 80631 353-1551
(H) 1607 Fairacres Dr
Greeley, 80631 352-0867
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY
SPORTS MEDICINE

Anneberg, Spencer K, MD
1750 25th Ave, #307
Greeley, 80631 356-6172
WELD COUNTY MED. SOC.
PSYCHIATRY

Armbrust, Douglas W, MD
1624 17th Ave
Greeley, 80631 353-2040
(H) 3725 W 20th St
Greeley, 80634
WELD COUNTY MED. SOC.
RADIOLOGY

Artist, E J, MD
2020 16th St
Greeley, 80631 352-1045
(H) 1820 26th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
GENERAL SURGERY

Bagley, David L, MD
PO Box 67
Eaton, 80615 454-2296
(H) 2023 26th Ave
Greeley, 80631 330-6777
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Baldwin, Thomas E Jr, MD
2520 16th St
Greeley, 80631 356-2520
(H) 1239 49th Ave Ct
Greeley, 80634 353-6041
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Barber, Donn J, MD (Ret)
39 Ward Dr
Greeley, 80631 352-1045
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
PEDIATRICS

Blattner, Mary Austin, MD
Greeley Med Clinic
1900 16th St
Greeley, 80631 350-2434
(H) 1221 49th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
DERMATOLOGY

Blattner, Robert Elliott, MD
Greeley Med Clinic
1900 16th St
Greeley, 80631 350-2433
WELD COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

Bloink, Steven W, MD
1900 16th St
Greeley, 80631
(H) 1217 29th St
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Boelter, William C II, MD
1900 16th St
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

Brigham, Dwight P B, MD
1900 16th St
Greeley, 80631 353-1551
(H) 1838 Montview Blvd.
Greeley, 80631
WELD COUNTY MED. SOC.
PEDIATRICS

Burch, William D, MD
1900 16th St
Greeley, 80631 353-1551
(H) 1936 25th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
INTERNAL MEDICINE

Burket, Charles R, MD
1900 16th St
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

Bussey, Randy M, MD
2420 16th St
Greeley, 80631 352-9064
(H) 2414 27th Ave Ct
Greeley, 80631
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY
HAND SURGERY

Carter, Douglas B, MD
1500 16th Ave Ct
Greeley, 80631
WELD COUNTY MED. SOC.
OPHTHALMOLOGY

Carter, Susan D, MD
2410 16th St
Greeley, 80631
(H) 3527 Rangeview Rd
Greeley, 80634
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

Cash, Robert L, MD
1900 16th St
Greeley, 80631 353-1551
(H) 2162 35th Ave Ct, #3
Greeley, 80634
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
PULMONARY DISEASES

Chesley, Charles C, MD
2520 16th St
Greeley, 80631 356-2520
(H) 4218 W 23rd St
Greeley, 80634 339-5823
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Clark, Ronald D, MD
1630 17th Ave
Greeley, 80631 356-4488
(H) 1301 48th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
NEUROLOGICAL SURGERY

Clifford, Nathan J, MD
900 14th St
Greeley, 80631 353-4322
(H) 2102 28th Ave Ct
Greeley, 80631 330-7105
WELD COUNTY MED. SOC.
CARDIOVASCULAR DISEASES
INTERNAL MEDICINE

Cook, Donald E, MD
1900 16th St
Greeley, 80631 352-8304
(H) 1710 21st Ave
Greeley, 80631 352-0072
WELD COUNTY MED. SOC.
PEDIATRICS
ADOLESCENT MEDICINE

Cooper, John D, MD
1620 25th Ave
Greeley, 80631 356-2600
(H) 1611 37th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
PEDIATRICS

Corona, Joseph A, MD
2020 16th St
Greeley, 80631 353-7666
(H) 3850 W 16th St Rd
Greeley, 80634 330-8166
WELD COUNTY MED. SOC.
FAMILY PRACTICE

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Lafayette, 80026
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Greeley, 80634
BOULDER COUNTY MED. SOC.
FAMILY PRACTICE

Crews, Jerry R, MD
2000 16th St, #5
Greeley, 80631 356-9844
(H) 6480 24th St
Greeley, 80634
WELD COUNTY MED. SOC.
NEUROLOGY

Cross, Pamela, MD
1650 16th St
Greeley, 80631
(H) 3812 W 11th St
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Cullen, John P, MD
3705 W 12th St
Greeley, 80634 351-7134
(H) 6050 26th St
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Cutshall, Richard C, MD
1624 17th Ave
Greeley, 80631 353-2040
(H) 5948 23rd St
Greeley, 80634
WELD COUNTY MED. SOC.
RADIOLOGY

Cutts, William B, MD
1900 16th St
The Greeley Clinic
Greeley, 80631 350-2437
(H) 1980 26th Ave Pl
Greeley, 80631 351-0166
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
GERIATRICS

Daniels, Bernard T, MD (Ret)
(H) 4138 20th St Rd
Greeley, 80634 330-4137
DENVER MED. SOC.
GENERAL SURGERY

Davis, Windon H, MD
2607 10th St
Greeley, 80631 352-9165
(H) 2730 Buena Vista Dr
Greeley, 80631 330-4347
WELD COUNTY MED. SOC.
DERMATOLOGY

Derk, Thomas, MD
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WELD COUNTY MED. SOC.
ANESTHESIOLOGY

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WELD COUNTY MED. SOC.
FAMILY PRACTICE

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Greeley, 80631 356-3739
WELD COUNTY MED. SOC.
ANESTHESIOLOGY

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Greeley, 80631 353-4073
(H) 1924 26th Ave Ct
Greeley, 80631 352-1984
WELD COUNTY MED. SOC.
ANESTHESIOLOGY

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1900 16th St
Greeley Clinic
Greeley, 80631 353-1551
(H) 1923 15th St
Greeley, 80631
WELD COUNTY MED. SOC.
PEDIATRICS

Durand, Charles G III, MD
1900 16th St
Greeley, 80631
(H) 3907 W 14th St Rd
Greeley, 80634
WELD COUNTY MED. SOC.
RHEUMATOLOGY

Durand, Linda L S, MD
1900 16th St
Greeley, 80631
(H) 3907 W 14th St Rd
Greeley, 80634
WELD COUNTY MED. SOC.
PLASTIC SURGERY

Edwards, Stanley O, MD
2020 16th St
Greeley, 80631 351-7722
(H) 1871 Montview Blvd
Greeley, 80631 353-4687
WELD COUNTY MED. SOC.
INTERNAL MEDICINE

Ferguson, Joe R III, MD
1650 16th St
Greeley, 80631 356-2424
(H) 4146 16th St Dr
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Fink, Anthony G, MD
1900 16th St
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
PEDIATRICS

Flower, Thomas J, DO
2122 9th St
Greeley, 80631 356-7555
(H) 1331 N 1st Ave
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Foe, Elaine V, MD
Greeley Med Clinic
1900 16th St
Greeley, 80631 350-2454
(H) 4006 15th St
Greeley, 80634 353-1634
WELD COUNTY MED. SOC.
OPHTHALMOLOGY

Foe, Richard B, MD (Ret)
Greely Medical Clinic
1900 16th St
Greeley, 80631 353-1551
(H) 1357 43rd Ave, #34
Greeley, 80634 352-1609
WELD COUNTY MED. SOC.
INTERNAL MEDICINE

Fonken, Paul W, MD
1650 16th St
Greeley, 80631 221-2222
(H) 2523 14th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Foulk, Arnold R Jr, MD
Greeley Medical Clinic
1900 16th St
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
OB & GYNECOLOGY
INFERTILITY

Garren, Lauretta F, MD
2131 28th Ave Ct
Greeley, 80631
WELD COUNTY MED. SOC.

Gentry, Robert P, MD
2520 16th St
Greeley, 80631 356-2520
(H) 1717 14th St
Greeley, 80631 352-1343
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Gilmore, Bruce T, MD
2020 16th St
Surgical Assoc
Greeley, 80631 352-8216
(H) 1947 19th St
Greeley, 80631 353-8920
WELD COUNTY MED. SOC.
GENERAL SURGERY
THORACIC SURGERY
TRAUMATIC SURGERY
AMBULATORY MEDICINE
TUMOR SURGERY

Golub, Roger Joel, MD
1650 16th St
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Gordon, Randolph L, MD
1650 16th St
Greeley, 80631
(H) 4127 W 15th St
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Groves, Fred B, MD
1900 16th St
Greeley, 80631 353-1551
(H) 1848 Reservoir Rd
Greeley, 80631 352-1174
WELD COUNTY MED. SOC.
GENERAL SURGERY

Hajek, Michael R, MD
2420 16th St
Greeley, 80631
(H) 1800 13th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Han, John S, MD
1701 23rd Ave, #H
Greeley, 80631
(H) 4715 W 11th St
Greeley, 80634
WELD COUNTY MED. SOC.
ANESTHESIOLOGY

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Emergency Dept
North CO Med Ctr
Greeley, 80631 352-4121
(H) PO Box 5239
Greeley, 80631
WELD COUNTY MED. SOC.
EMERGENCY MEDICINE

Hartley, Robert D, MD
1056 E 19th Ave
Denver, 80218 861-6052
(H) 1848 Homestead Rd
Greeley, 80634
WELD COUNTY MED. SOC.
PEDIATRICS

Hearne, Diana L, MD
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Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

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125 Main St
Lasalle, 80645 284-6971
(H) 6180 W 24th St
Greeley, 80631 330-7620
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Hewitt, Glenn O, MD
1624 17th Ave
Greeley, 80631 353-2040
(H) 2534 18th St Rd
Greeley, 80631 356-1058
WELD COUNTY MED. SOC.
RADIOLOGY

Hiratzka, Paul S, MD
2410 16th St
Greeley, 80631 352-6353
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

Humphries, Patricia B, MD
1900 16th St
Greeley, 80631 350-2434
WELD COUNTY MED. SOC.
DERMATOLOGY

Humphries, William C Jr, MD
1900 16th St
Greeley, 80631 350-2444
WELD COUNTY MED. SOC.
CARDIOVASCULAR DISEASES

Hunter, Brett P, MD
2420 16th St
Greeley, 80631 352-9064
(H) 1942 27th Ave
Greeley, 80631 353-6478
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Hurst, John G, MD
North CO Med Ctr
16th St & 17th Ave
Greeley, 80631 350-6244
(H) 1811 Glenmere Blvd
Greeley, 80631 353-6550
WELD COUNTY MED. SOC.
EMERGENCY MEDICINE

Hutchins, Earl C, MD
2000 16th St
Greeley, 80631 356-0260
(H) 2101 26th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
NEUROLOGY

Jaouen, Richard M, MD
1640 25th Ave
Greeley, 80631 356-3449
(H) 1400 45th Ave
Greeley, 80634 356-9206
WELD COUNTY MED. SOC.
PLASTIC SURGERY

Johnson, Roger M, MD
1770 25th Ave, #204
Greeley, 80631 353-2000
(H) 1627 36 Ave Ct
Greeley, 80634
WELD COUNTY MED. SOC.
PSYCHIATRY

Kading, Steven O, MD
1900 16th St
Greeley, 80631 353-1351
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
GASTROENTEROLOGY

Kahn, Robert J, MD
1624 17th Ave
Greeley, 80631 353-2040
(H) 1917 25th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
RADIOLOGY

Kailasam, Velusamy, MD
1018 14th
Greeley, 80631
(H) 4204 W 21st St Rd
Greeley, 80634
WELD COUNTY MED. SOC.
ALLERGY & IMMUNOLOGY

Kemme, Richard J, MD (Ret)
1900 16th St
Greeley, 80631 353-1551
(H) 3514 Wagon Tr Rd
Greeley, 80634 330-5365
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Kiser, Rick E, MD
1900 16th St
Greeley, 80631 352-8304
(H) 2655 52nd Ave Ct
Greeley, 80634 330-5758
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

Kozloff, Stephen R, MD
2410 16th St
Greeley, 80631 352-6353
(H) 1936 15th Ave
Greeley, 80631 356-7664
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

Kuykendall, Fred D, MD (Ret)
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Greeley, 80634 352-6329
WELD COUNTY MED. SOC.
GENERAL PRACTICE

Lemblitz, Alan M, MD
1900 16th St
Greeley, 80631 356-2424
(H) 1022 19th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Lembitz, Deanne D, MD
1650 16th St
Greeley, 80631
(H) 1022 19th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Leppla, Leslie A, MD
2000 16th St
Greeley, 80631 356-3993
WELD COUNTY MED. SOC.
GENERAL PRACTICE

Lim, Meng Lai, MD
1716 15th St
Greeley, 80631 350-6680
(H) 1862 13th Ave
Greeley, 80631 356-2385
WELD COUNTY MED. SOC.
THERAPEUTIC RADIOLOGY
ONCOLOGY

Lindquist, Timothy C, MD
1900 16th St
Greeley, 80631
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Linlnger, Thomas R, MD
1900 16th St
Greeley, 80631 350-2410
(H) 1906 Homestead Rd
Greeley, 80634
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
ONCOLOGY

Loeppke, Ronald R, MD
1900 16th St
Greeley, 80631
(H) 1446 41st Ave
Greeley, 80634
WELD COUNTY MED. SOC.
GENERAL PREVENTIVE MED
OCCUPATIONAL MEDICINE

Lord, Jonathan G, DO
1801 16th St
Greeley, 80631
(H) 1707 36th Ave Ct
Greeley, 80634
WELD COUNTY MED. SOC.
ANESTHESIOLOGY

Lower, Dennis L, MD
1900 16th St
Greeley, 80631 353-1551
(H) 1236 42nd Ave
Greeley, 80634 353-9776
WELD COUNTY MED. SOC.
INTERNAL MEDICINE

Major, James C, MD
1900 16th St
Greeley, 80631
(H) 5218 W 26th St
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Mangum, William K, MD
2020 16th St
Greeley, 80631 352-8216
(H) 1108 49th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
GENERAL SURGERY
TRAUMATIC SURGERY
THORACIC SURGERY
TUMOR SURGERY
COLON & RECTAL SURGERY

Marsh, Randall C, MD
1900 16th St
Greeley, 80631 353-1551
(H) 1919 19th Ave
Greeley, 80631 356-3111
WELD COUNTY MED. SOC.
CARDIOLOGY

May, Duane L, MD
1900 16th St
Greeley, 80631
(H) 5121 W 11th, #410
Greeley, 80634
WELD COUNTY MED. SOC.
PEDIATRICS

McCall, Janis R, MD
2520 16th St
Greeley, 80631
(H) 1421 40th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE

McDivitt, Robert B, MD
902 14th St
Greeley, 80631 353-5410
(H) 2631 12th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
GENERAL SURGERY

McVicker, John H, MD
1630 17th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
NEUROLOGICAL SURGERY

Mills, John W, MD
North CO Med Ctr
Greeley, 80631 350-6726
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Greeley, 80631
WELD COUNTY MED. SOC.
PATHOLOGY

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WELD COUNTY MED. SOC.
ANESTHESIOLOGY

O'Neal, Jean P, MD
2410 16th St
Greeley, 80631 352-6353
WELD COUNTY MED. SOC.
OB & GYNECOLOGY

Oelrich, Carl D, MD (Ret)
2543 Highland Rd
Greeley, 80631 353-7580
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Greeley, 80631 353-7580
WELD COUNTY MED. SOC.
GENERAL PRACTICE

Olds, Kenneth M, MD
2520 16th St
Greeley, 80631 356-2520
(H) 1212 50th Ave
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Osborne, Richard B, MD
Greeley Med Clinic
Greeley, 80631 353-1551
(H) 2500 W 20th St Rd
Greeley, 80631
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
GASTROENTEROLOGY

Pace, R Scott, MD
1900 16th St
Greeley, 80631 353-1551
(H) 4227 17th St
Greeley, 80634
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
ALLERGY & IMMUNOLOGY

Parkhurst, Aaron E, MD
2420 16th St
Greeley, 80631 352-9064
(H) 2007 26th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY

Peetz, Michael E, MD
1900 16th St
Greeley Clinic
Greeley, 80631 353-1551
(H) 1855 Frontier Rd
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WELD COUNTY MED. SOC.
GENERAL SURGERY

Peetz, Shelley L, MD
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Greeley, 80633
(H) 1855 Frontier Rd
Greeley, 80634
WELD COUNTY MED. SOC.
ANESTHESIOLOGY

Peterson, James H, MD
2528 16th St
Greeley, 80631 356-4646
(H) 5 Dos Rios
Greeley, 80634 356-4646
WELD COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

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2528 16th St
Greeley, 80631 356-4646
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Greeley, 80634 330-0842
WELD COUNTY MED. SOC.
OTORHINOLARYNGOLOGY

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1323 Harlow Ln, #2
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Greeley, 80634
WELD COUNTY MED. SOC.
OPHTHALMOLOGY

Porter, Robert T, MD (Ret)
(H) 1051 6th St, #311
Greeley, 80631 353-4040
WELD COUNTY MED. SOC.
INTERNAL MEDICINE

Pratt, T Diane, MD
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Greeley, 80631
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WELD COUNTY MED. SOC.
FAMILY PRACTICE

Purdie, Frank R, MD
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1801 16th St
Greeley, 80631 350-6244
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Greeley, 80634 330-9119
WELD COUNTY MED. SOC.
EMERGENCY MEDICINE

Quinn, Richert E Jr, MD
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1900 16th St
Greeley, 80631 350-2426
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Greeley, 80634 330-7198
WELD COUNTY MED. SOC.
GENERAL SURGERY

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1900 16th
The Greeley Med Clinic
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
INTERNAL MEDICINE
NEPHROLOGY

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Greeley, 80631 353-9403
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Ringel, Marc, MD
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Greeley, 80631 356-2424
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Roberts, Gareth K, MD
1624 17th Ave
Greeley, 80631
WELD COUNTY MED. SOC.
DIAGNOSTIC RADIOLOGY

Rome, Clifford J, MD
1900 16th St
Greeley, 80631 353-1551
(H) 2005 24th St
Greeley, 80631 353-1551
WELD COUNTY MED. SOC.
ORTHOPEDIC SURGERY

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Greeley, 80631 353-2040
(H) 3550 Rangeview Rd
Greeley, 80634 330-1538
WELD COUNTY MED. SOC.
RADIOLOGY

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Greeley, 80632
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Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Schneider, Thomas F, MD
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Greeley, 80631
(H) 1915 12th St
Greeley, 80631
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Schwartz, Jeffrey C, MD
1801 16th St
Greeley, 80631
WELD COUNTY MED. SOC.
EMERGENCY MEDICINE

Shapiro, Miriam R, MD
1650 16th St
Greeley, 80631
(H) 2170 35th Ave Ct, #4
Greeley, 80634
WELD COUNTY MED. SOC.
FAMILY PRACTICE

Shields, David A, MD
1900 16th St
Greeley, 80631
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Greeley, 80634
WELD COUNTY MED. SOC.
DERMATOLOGY

Shore, Roy H, MD
900 14th St
Greeley, 80631 353-4322
(H) 1877 39th Ave
Greeley, 80634 330-4474
WELD COUNTY MED. SOC.
INTERNAL MEDICINE

Shwayder, Reynold I, MD (Ret)
1433 Birch Ave
Greeley, 80631 352-0575
(H) 1433 Birch Ave
Greeley, 80631 352-0575
WELD COUNTY MED. SOC.
FAMILY PRACTICE
GENERAL PRACTICE
ALCOHOL & DRUG ABUSE

Sills, Theron G, MD
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FAMILY PRACTICE
EMERGENCY MEDICINE
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ASTHMA
IMMUNOLOGY
RHINOLOGY

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CLEAR CREEK VALLEY MED. SOC.

TEST YOURSELF

Q

Does not pushing for payment tell my debtors I have compassion for their situation?

A

NO It communicates that you don't need the money - probably because you make such high profits. From a business standpoint, the best way to show compassion for a debtor is to help them get out of debt by meeting their financial obligations to you.

TEST YOURSELF is one of a series provided by I.C. System, the company offering the collection program approved for use by our membership.

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Section 4

COMPONENT SOCIETY MEMBERSHIP LISTING

Section 5 lists all member physicians alphabetically by primary specialty practice, as indicated by the physician. Following the member physician's name the indicated primary geographical practice location is given. This refers the reader to the main listings (in Section 3) for more information about each physician. Each member was allowed to list up to five specialty practice areas in this diectory.

ARAPAHOE

Abman, Carolyn F; Littleton; Denver
Aguilera, Arnold J; Denver
Altmix, Richard H; Littleton
Altshuler, John H; Denver; Englewood
Arenberg, I Kaufman; Englewood
Arensberg, Lee C; Denver
Arnold, Jennifer; Englewood
Arthur, James H; Denver; Aurora
Asarch, Richard G; Englewood
Asher, Wilmer L; Littleton
Atkinson, Kenneth; Littleton; Englewood
Atkinson, Roy J; Englewood
Austin, Robert C Jr; Littleton; Englewood

Baker, Bruce B; Englewood
Baker, Pete H; Englewood
Baker, Ronald K; Denver; Castle Rock
Balazy, Thomas E; Englewood
Balkany, Thomas J; Denver
Bartee, Roy M II; Denver
Barter, Jeffrey; Littleton; Englewood
Bartlett, Max D; Denver
Becker, Paul G; Denver
Becky, Frank R; Englewood
Behrns, Robert S; Englewood
Benedict, Daniel B; Denver
Benton, Louis J; Denver
Berenbeim, David M; Littleton; Englewood
Berg, Allan W; Littleton
Berk, Leonard E; Denver
Berlin, Barry P; Littleton
Bernhardt, Richard N; Denver; Littleton
Bernstein, Lawrence H; Denver
Bess, Howard H Jr; Denver; Englewood
Bess, Robert J; Englewood
Bigelow, Eugene V; Denver
Birney, Janice L; Littleton; Golden
Biscardi, Henry M; Denver
Blakeman, Gordon J; Denver
Blayney, Robert L; Littleton; Denver
Booren, Jack C; Denver
Bortz, Alan I; Littleton; Denver
Boulder, Joel C; Littleton; Denver
Bowles, Roger E; Littleton
Bowman, William J; Littleton; Denver
Branan, Richard C; Englewood
Brenneman, Janice K; Englewood; Denver
Brittain, Robert S; Englewood; Denver
Brodie, Harry; Littleton
Brookens, Bruce R; Denver; Englewood
Brown, Gerald D; Littleton
Brown, Patricia S; Littleton; Denver
Bublitz, Deborah K; Littleton
Buesing, Russell; Denver
Burmeister, Glen E; Englewood; Castle Rock
Bushnell, Walter J; Englewood; Littleton

Cannavo, Laura A; Denver; Englewood
Capek, Richard B Jr; Englewood; Denver
Capoot, Gerald D Jr; Denver; Englewood
Carey, Thomas A; Denver
Carle, Terry V; Englewood
Carlson, Roy E; Englewood
Carson, Richard; Littleton; Englewood
Carter, Donald R; Englewood; Denver
Carver, Robert K; Englewood; Aurora
Castellano, Stephen A; Denver
Cate, James R; Englewood; Littleton
Cedars, Leonard A; Littleton; Englewood
Cerasoli, James R; Denver; Littleton
Chinburg, Ken G; Englewood; Littleton
Cilo, Mark P; Englewood
Clark, David G; Englewood
Cole, Norman J; Larkspur
Condit, Randall S; Denver
Conner, Donald J; Englewood; Denver
Conrad, Natalie D; Denver
Cook, Shelbey S; Denver
Cosh, Glenn M; Lakewood
Coulehan, Lawrence T; Denver
Cowen, D Eugene; Englewood
Cox, Robert L; Denver; Englewood
Cram, Jon J; Littleton
Creer, Stephen M; Englewood; Littleton
Currier, Laurence M; Littleton

Dahl, Alvin E; Littleton
Dahlberg, William W; Denver
Darling, Bradford L; Englewood; Littleton
Davis, Dan M; Denver
Davis, John A; Denver
Davis, Nell L; Englewood
Dean, Val C; Englewood
Deroos, James J; Denver
Dillon, T James; Denver
Dimaria, Vincent A; Littleton
Dishler, Jon G; Englewood
Domurat, Michael F; Denver; Morrison
Doner, H Calvin; Littleton
Downing, Terry A; Denver
Dragul, Paul H; Denver; Englewood
Dreisbach, James N; Englewood
Duerksen, Edward C; Englewood; Denver
Dumm, James B; Denver
Dunn, James M; Englewood; Littleton

Edmundson, Arlo R; Morrison
Ehlers, Gordon H; Denver; Englewood
Eisele, C Wesley; Englewood
Ellis, Richard E; Denver; Englewood
Ellis, Ronald D; Denver
Ellison, Patricia H; Denver
Emmanuel, Samuel; Englewood
English, Gerald M; Englewood; Denver
Eubanks, Stephen W; Denver
Ezzard, John A; Englewood

Faul, John C; Denver
Fawell, Thomas W; Highlands Ranch
Feiten, Daniel J; Englewood
Finkel, Richard S; Denver; Golden
Fletcher, Gary H; Englewood
Frank, Lorenz S; Littleton
Franklin, David C S; Denver
Freed, John H; Denver
Friedman, Jacob; Denver
Frost, Anthony; Englewood

Galansky, Stanley H; Denver
Garfein, Arthur D; Littleton
Garrett, Raymond E; Englewood
Gaynor, Laurence F; Englewood
Geier, J Michael; Englewood
Geisterfer, Dirk J; Denver; Englewood
Gentry, James H; Denver; Englewood
Gillesby, Robert J; Denver; Littleton
Glancy, Gerard L; Denver; Aurora
Glasco, Donald G; Littleton
Glasser, Edward J; Littleton
Glatz, Duane J; Englewood; Denver
Goldberg, Bertram; Englewood
Golub, Burton P; Denver; Golden
Gonzales, James G; Denver
Good, James T Jr; Denver; Englewood
Good, Richard L; Littleton
Goodman, Stephen B; Littleton
Gordon, Gerald S; Denver; Littleton
Gorshow, Stephen M; Denver
Grant, Paul J; Englewood; Parker
Greisman, Stewart L; Englewood; Littleton
Griffin, Dennis J; Englewood
Gruber, James E; Denver; Englewood
Grund, Walter J; Littleton
Guard, Harold L; Denver
Guber, Myles S; Denver
Guilfoyle, Edward J; Denver
Gulinson, Jordan E; Denver

Ham, Gordon C; Englewood; Denver
Hamann, Richard A; Denver
Hanna, Philip D; Englewood
Hannah, Stanley L; Denver; Englewood
Hansen, Richard N; Englewood
Hartman, James F; Denver
Hartner, Mark J; Denver; Englewood
Harvey, Alice; Englewood
Harwood, James T; Denver; Englewood
Hatfield, Wendell; Littleton
Hattler, Brack G Jr; Denver; Englewood
Heaton, Warren A; Castle Rock
Heavrin, John S; Lakewood; Littleton
Heckmann, Richard C; Denver
Heiss, Robert E; Denver; Littleton
Heller, Arthur P; Englewood
Henderson, James A; Denver
Higgins, Kerry T; Denver; Lakewood
Hitchcock, Michael H; Englewood
Hooper, Gerald H; Denver; Arvada
Horne, Daniel W III; Denver
Horner, Robert L; Denver; Englewood
Howard, K Mason Jr; Englewood; Littleton
Hsu, Shih Fong; Englewood
Huber, James A; Denver; Englewood
Hughes, Clarence O Jr; Englewood
Hughes, John S; Englewood; Littleton
Hutcherson, John D; Denver
Hyde, Edwin G; Englewood

Irwin, Everett; Fort Mohave AZ

Jacobsen, Merl M; Littleton
James, Brien P; Englewood
Janik, Joseph S; Denver; Englewood
Jobe, William E; Englewood; Denver
Jobe, William L; Denver; Littleton
Jones, Roy W; Denver; Englewood

Karakusis, Peter H; Denver; Highlands Ranch
Karasek, Dagmar; Denver; Englewood
Karasek, Jan; Denver
Katz, Seymour; Englewood
Kearns, Donald H; Denver
Kelly, Glenn L; Englewood
Kelsall, Charles H; Englewood
King, Robert A; Littleton; Denver
Kluck, Clarence J; Englewood
Knize, David M; Englewood
Koepke, Jerald W; Denver; Littleton
Kolberg, Bruce H; Denver; Englewood
Kortz, Allan B; Englewood; Denver
Kortz, Warren J; Englewood
Kovachy, Robin J; Englewood; Aurora
Kowal, Ira J; Englewood; Littleton

Kraft, Elizabeth S; Littleton; Denver
Krebs, Jeffrey J; Castle Rock
Kreye, George M; Littleton
Kruse, Robert L; Englewood

Lamb, Rodney L; Englewood
Lammertse, Daniel P; Englewood
Langstaff, Samuel H; Littleton
Lanier, Dennis M; Denver
Larkin, Thomas P; Denver; Englewood
Larremore, Theodore W; Denver; Wheat Ridge
Law, Jay D; Englewood
Lazarus, Jeremy A; Englewood
Lee, William H; Littleton
Leonard, Michael W; Denver; Evergreen
Levine, Mark A; Englewood; Aurora
Levisohn, Paul M; Denver
Levy, Irwin B; Denver
Lewis, Frederick A Jr; Englewood
Lewis, Roger R; Englewood
Lingle, James R; Englewood
Link, David B; Littleton
Lipkin, Alan F; Denver; Englewood
Ljunghag, Susan E; Englewood
Loeffler, Anna T; Englewood
Loken, Arnold B; Littleton
Lovejoy, Brent V; Denver
Lueck, Roger A; Englewood; Aurora

Madison, David S; Englewood
Magill, Charles D; Englewood
Makowski, Anthony J III; Highlands Ranch
Marcelo, Teresita R; Denver
Martin, Cynthia L; Littleton
Mathe, Richard A; Denver
Mauk, Joyce E; Denver
Maulitz, Robert M; Denver
Maxwell, James C; Denver; Littleton
McCarthy, Howard L; Englewood
McCloskey, Thomas T; Englewood
McDonald, Keith M; Denver
McDonnell, Michaela W; Lakewood
McGeary, Thomas M; Denver
McMahon, Richard T; Denver
McMillan, Michael J; Highlands Ranch
McQuaid, James L; Denver
Melmed, M Herzl; Englewood
Melzer, Robert B; Denver; Englewood
Menter, Robert R; Englewood
Mijer, Frits; Denver
Miller, Meredith H; Englewood; Littleton
Milligan, Gatewood C; Englewood
Moffatt, Thomas W Jr; Littleton; Lakewood
Molk, Kevin J; Littleton
Monheit, Peter I; Denver; Englewood
Montgomery, Eva; Lakewood; Littleton
Moo-Young, George A; Denver
Moore, Virginia M; Littleton
Morgan, David L; Englewood; Littleton
Morrison, John D; Denver; Littleton
Moser, Edgar A; Denver
Mountain, Richard D; Denver; Littleton
Muffly, Harry M; Englewood; Littleton
Muffly, James T; Englewood
Myers, Burton S; Englewood

Nay, Leston B; Littleton; Denver
Near, Alida R; Castle Rock
Needham, Merl E; Denver; Littleton
Nichalson, Stephen S; Lakewood; Littleton
Nickell, Leo C; Englewood
Nonas, Nicholas G; Englewood; Denver

O'Brien, Martin E; Englewood; Littleton
O'Connor, Sharon E; Littleton
O'Neill, Eugene T; Denver; Englewood
Oakley, Robert D; Denver; Littleton
Ochsner, Ronald C; Englewood; Littleton
Orton, Paul W; Highlands Ranch; Littleton
Osa, Steven R; Denver; Littleton
Oster, Lewis H Jr; Denver

Packer, Robert H; Englewood; Littleton
Palmquist, David L; Denver
Parker, Kay C; Denver; Morrison
Paton, Bruce C; Denver
Patterson, James R; Englewood
Peacock, William F; Littleton
Penner, Clyde E; Englewood
Percefull, Sabin C; Englewood
Perry, Robert B; Littleton
Persoff, Michael; Denver; Aurora
Persoff, Nathan S; Denver
Peterson, Harold R; Littleton
Peterson, W Peter; Denver
Pfoff, David S; Denver; Englewood
Philpott, Peter J; Englewood
Piel, Michael T; Englewood
Pluss, Richard G; Denver; Englewood
Podgorski, Steven F; Englewood; Denver
Pollard, Marven J; Denver; Aurora
Pomerantz, Marvin; Denver; Castle Rock
Post, Gary L; Englewood; Aurora
Potestio, Frank S; Englewood; Parker
Poticha, Gerald S; Littleton; Englewood
Powers, Bernard J; Englewood; Denver
Powers, Robert C; Englewood; Denver
Preshaw, D Edwin; Littleton
Price, Jerry G; Denver; Englewood
Puckett, William N; Denver

Quinby, James L; Denver

Rastrelli, Alan J; Denver; Littleton
Ratner, Karen N; Littleton; Lakewood
Rauzi, Frank R; Littleton
Rehg, Willian F; Englewood
Reiss, Brian E H; Englewood; Littleton
Ricca, David A; Littleton
Rice, David R; Jamestown
Rich, Berkeley L; Littleton
Riley, John C III; Englewood
Roberts, John F; Englewood; Littleton
Robinson, William M M; Cedar Mtn NC
Rohrer, H Hugh; Englewood; Littleton
Rollinger, Charles L; Littleton; Denver
Roney, Patrick J; Littleton; Denver
Rose, Brian H; Littleton
Rosenberg, Stuart G; Denver; Morrison
Rudolph, Merritt C; Denver; Englewood

Sabel, John S; Englewood
Sachs, Robert A; Littleton
Sandhaus, Robert A; Denver; Littleton
Sankey, Noel E; Englewood
Sargent, Frank T; Englewood; Littleton
Sargent, Robert A; Littleton; Englewood
Schaler, Richard E; Englewood
Schechter, Philip A; Littleton; Englewood
Schmidt, Alden T Jr; Denver; Littleton
Schneider, Michael J; Denver; Englewood
Schoolcraft, William B; Englewood
Schrandt, Donald L; Denver
Schreiber, David P; Denver
Schroeder, Fredric A; Denver; Englewood
Schuchman, Harvey A; Denver; Englewood
Schuett, Michael C; Denver
Scott, Floyd E; Denver; Littleton
Scott, Jeffrey R; Englewood; Castle Rock
Seegers, Winnifred; Englewood; Littleton
Seibert, Charles E; Englewood; Littleton
Selner, John C; Denver
Shaw, Thomas J; Denver
Sheehan, Mark W; Denver; Englewood
Silvers, William S; Englewood; Denver
Simon, John Jr; Englewood
Simons, Herbert J; Denver
Sinton, Eleanor; Englewood
Smazal, Stanley F Jr; Englewood
Smith, Barry R; Denver; Littleton
Smith, Dale J; Denver; Golden
Smith, Daniel L; Denver; Englewood
Smith, Don B; Englewood; Denver
Spalter, Roger M; Littleton
Speers, Wendell C; Denver
Stallworth, John C; Denver; Englewood
Stapp, R Holbrook; Englewood; Denver
Stavros, A Thomas; Englewood
Stecher, Karl Jr; Englewood
Steffen, Grant E; Englewood
Steines, William J; Englewood
Steinhardt, Kasiel; Denver; Englewood
Story, Helen M; Littleton; Evergreen
Strasburger, Arthur K; Littleton; Englewood
Studebaker, Lynne R; Englewood; Golden
Sudan, A Chester Jr; Englewood; Denver
Sullivan, Philip J; Englewood; Denver
Sunde, Paul M; Littleton
Sutherland, Jerome D; Englewood; Denver
Swanson, Michael S; Englewood; Littleton
Swanson, Wendel B; Englewood; Littleton
Sweeney, Richard; Littleton; Westminster
Swinehart, James M; Denver

Taibleson, David; Denver
Taryle, David A; Denver
Taylor, Richard C; Littleton; Parker
Terbush, James W; Castle Rock
Thomas, Donn D; Englewood
Thompson, Richard H Jr; Englewood
Thulin, Barbara W; Englewood
Thulin, William J; Englewood
Trautner, Marilyn P; Denver; Littleton
Truell, John E; Englewood
Truitt, Leigh; Denver
Tschetter, Paul N; Englewood
Tsuda, Hideya; Englewood
Turley, Ginger T; Englewood; Aurora

Vanbuskirk, John A; Englewood; Littleton
Vanderark, Gary D; Englewood; Denver
Verkler, Christopher J; Englewood
Voorhees, Kenton I; Littleton

Wagner, Elaine D; Denver
Wallack, David; Littleton
Wanderer, Alan A; Englewood
Wassill, Valerie M; Denver
Weily, Hugh; Denver
Weiner, Melvin H; Littleton; Denver
Weintraub, Alan H; Englewood
Wells, G Gray; Englewood
Wells, Gerald C; Littleton; Englewood
Whalen, William R; Denver; Littleton
White, Carleton B; Littleton
Wick, Albert M; Denver; Littleton

Wicks, Allan B; Denver
Williams, Jean E; Littleton
Williams, Richard W; Littleton; Englewood
Williams, Roger A; Denver; Englewood
Williams, Warren L; Littleton
Wilson, W Bruce; Denver; Littleton
Winkler, James V; Denver
Winter, Clara L; Englewood
Wintory, Terry; Aurora
Wolf, Mark R; Littleton
Wood, Benjamin S Jr; Denver
Wood, John M; Englewood; Littleton
Wood, Lawrence Gilmore; Littleton; Denver
Woodard, Don E; Englewood; Denver
Wright, Roy R; Englewood

Youngberg, Joseph T; Englewood
Yukl, Richard L; Denver

Zaki, Sayed M; Denver
Zoller, Gregory W; Denver; Englewood
Zwiebel, Paul C; Englewood; Littleton

AURORA-ADAMS COUNTY

Aeling, John L; Aurora
Ain, Jonathan D; Aurora; Englewood
Alanis, Joseph M; Englewood
Albright, Phillip H; Aurora
Ashkar, Louis; Aurora
Avner, Sanford E; Denver; Englewood

Balstad, Paul D; Aurora; Denver
Barlow, Michael C; Aurora
Battock, Dennis J; Aurora
Bays, Claud A; Denver
Beck, Dennis M; Aurora; Boulder
Bentley, William H; Aurora
Bieser, Richard G; Aurora; Denver
Blackard, Carol J; Aurora
Bodnar, Judith K; Aurora
Bourne, Eugene E; Denver; Englewood
Brake, Janneutte; Brighton; Aurora
Brugioni, Daniel J; Aurora
Buckley, Jerome M; Aurora; Denver
Burcham, James R; Aurora; Littleton
Butler, Gordon B; Kerrville TX

Call, Keren E; Denver; Aurora
Cameron, Marvin N; Aurora; Denver
Canham, Douglas E; Aurora
Canham, Edward M; Aurora
Capin, Leslie R; Aurora
Cardos, Stephen F; Brighton
Carr, H Patrick; Aurora
Carstensen, Earl J; Aurora
Cersonsky, H Sol; Denver
Chan, Anthony W; Westminster
Comer, Carolyn R; Aurora; Denver
Contiguglia, S Robert; Denver
Copeland, F Aubrey; Englewood
Corcoran, Connie L; Aurora
Corren, Howard L; Aurora
Crosby, Kristin; Aurora; Denver
Cupps, Jerry L; Commerce City
Curran, Thomas E; Aurora

D'Arezzo, Paul W; Highlands Ranch
Davis, Karen A; Aurora; Parker
DeAlva, William E G; Denver
Delaney, James J Jr; Aurora; Denver
Demos, George T; Aurora
Denegri, Alberto; Fort Lupton; Denver
Dennington, Michael L; Aurora; Denver
DiBella, Nicholas J; Aurora; Parker
Dobrow, Malcolm S; Aurora; Englewood
Doucette, John W; Denver

Eastman, Robert L; Denver
Ecoff, Arthur; Denver
Ehrichs, Edward L Jr; Aurora
Eidsvoog, Carol A; Aurora
Eisenbaum, Allan M; Aurora
Eisenbaum, Sidney L; Aurora; Englewood
Eldridge, Joan E; Aurora
England, Jack D; Aurora; Sedalia
Everhart, Floyd R; Aurora

Fagan, Michael C; Aurora
Falbo, Anthony; Aurora
Fell, William F Jr; Aurora
Fieman, Richard A; Aurora
Flaxer, Carl; Denver

Gaede, Gary L; Aurora
Gallagher, John Q; Denver; Littleton
Garland, Gerard L; Denver
Garrett, William F Jr; Boulder; Denver
Gehret, Peter; Aurora; Englewood
Gellrick, Caroline M; Lakewood
Gerhold, John P; Denver; Englewood
German, Charles; Englewood
Gibbons, Ralph W; Aurora
Gibson, Matthew L Jr; Aurora
Gilmer, T Scott; Aurora
Ginsburg, Freeman M; Aurora
Gipson, William T Jr; Parker
Glassman, Kenneth P; Denver
Glassman, Richard I; Aurora; Englewood
Goldberg, Jan Paul; Aurora; Denver
Gordon, Irit W; Aurora; Denver
Gradison, Maggie; Aurora; Evergreen
Graham, William H; Aurora; Denver
Gray, J Stephen; Aurora
Grayson, David E; Brighton
Grazi, Sol Jay; Aurora
Green, Deborah; Fort Lupton
Greenberg, Jerry H; Aurora
Greenheck, Robert R; Denver; Aurora
Greenholz, Daniel J; Aurora; Denver
Griffith, John B; Englewood
Griffith, William F III; Aurora
Gross, Karl F; Aurora; Denver
Grossman, John A; Denver
Guillory, Gerard L; Aurora

Haas, John M; Aurora; Englewood
Halfmann, Lee R; Aurora; Denver
Hannemann, Martin D; Aurora; Golden
Hardy, Billee W; Aurora; Highlands Ranch
Harris, David W; Aurora; Englewood
Hattem, Albert R; Fort Lupton; Denver
Hawke, Jeffrey E; Aurora; Denver
Hayman, Mark P; Strasburg
Hayward, Bruce T; Aurora
Heaton, Angeline D; Denver
Heaton, Carl E; Denver
Hiner, John M; Brighton
Holt, Charles J; Aurora; Englewood
Horvath, Joseph S; Aurora; Englewood
Howard, William L; Brighton; Boulder
Hoyer, J Scott; Aurora
Hursh, Roger; Brighton; Denver
Iskander, Laurice; Aurora; Littleton

Jalota, Renu; Aurora; Denver
Johnson, Robert W; Aurora
Johnson, Scott S; Brighton
Joseph, Norman; Aurora

Kamau, Pius K; Aurora
Kaufman, Joel M; Aurora; Littleton
Keeler, F Brent; Aurora
Kesselman, Stephen E; Aurora
King, Otis J Jr; Castle Rock
Kiovsky, Richard D; Aurora
Kirschman, Edward; Aurora; Englewood
Kirshenbaum, Gerald; Aurora; Englewood
Kistler, Dale C; Denver
Kitlowski, Noel P; Aurora
Klein, Melvyn H; Denver; Englewood
Kopelman, J Joshua; Aurora
Kovach, Drew A; Arvada
Kraus, G Thomas; Aurora
Krause, Kenneth D; Aurora; Denver
Kuhn, Kathleen R; Aurora; Denver
Kurtz, Michael L; Aurora; Denver

Lahey, Michael D; Brighton
Lesznik, George R; Aurora; Denver
Levenson, Ian R; Aurora; Englewood
Levinson, Mark B; Aurora; Denver
Lindenbaum, Barry L; Aurora; Englewood
Lindenbaum, Stephen D; Aurora; Englewood
Loeffler, Richard T; Aurora; Littleton
Lord, Edward L; Aurora
Losasso, Leonard J; Aurora; Englewood
Luethke, James M; Aurora; Denver
Luzietti, Richard G; Aurora; Littleton

Machanic, Bennett I; Denver
MacPhee, William M; Aurora; Denver
Manfre, Kenneth; Aurora; Denver
Mangione, William J; Aurora; Denver
Manguso, Robert L; Aurora
Maniatis, William N; Aurora
Marks, Galen D; Brighton; Erie
Marritt, Emanuel; Englewood
Martin, William M; Aurora
McLaughlin, John D; Aurora
McMullan, Kathryn L; Brighton
Mehta, Pushpa S; Aurora; Englewood
Meltzer, Gerald E; Denver; Englewood
Michelson, Abraham K; Aurora; Englewood
Mikles, Devin A; Aurora; Denver
Miles, Wilfred W; Aurora
Miller, Eugenia M; Aurora
Mishell, Jeffrey L; Denver
Molk, Barry L; Aurora
Montrey, Jill S; Englewood; Denver
Moore, John T; Aurora; Highlands Ranch
Mumma, Donna L; Aurora; Denver
Munch, David M; Aurora; Englewood
Munro, George F; Brighton
Myers, John A; Aurora; Englewood

Nakakuki, Masafumi; Denver
Nauts, Ruth B; Aurora; Denver
Newens, Adrian F; Denver
Nofsinger, Kenton D; Aurora; Englewood
Norton, Philip H; Aurora; Denver
Nowick, Martin E; Aurora; Englewood
Nuss, Donald D; Aurora

O'Dell, Robert A; Aurora
Odekirk, Larry L; Aurora; Castle Pines

Pajon, Eduardo R Jr; Aurora; Parker
Palmieri, Anthony J; Aurora
Patt, Richard A; Aurora
Pearlman, David S; Aurora; Englewood
Pearlman, Mark H; Aurora; Englewood
Pederson, Janet L; Aurora
Penn, Eugene C; Aurora
Peoples, Grant; Aurora
Phillips, Edward B; Brighton; Englewood
Poucel, Jean-Georges; Aurora
Press, Peter; Denver
Price, Paul O; Aurora; Denver

Quintana, Phillip D; Aurora

Rabinowitz, Jay S; Parker
Rasband, Rick W; Aurora
Reddy, Carol F; Denver
Reich, Marshall P; Aurora; Denver
Rein, Richard A; Aurora
Rokicki, Robert R; Aurora
Roos, David Brian; Aurora
Rothberg, Alan D; Aurora
Rothgeb, Eric J; Aurora
Rowan, Aloysius I Jr; Aurora
Rudd-McCoy, Nancy A; Thornton; Englewood
Russell, Asela C; Aurora; Denver

Samuelson, Stephen A; Aurora
Saunders, Mark O; Aurora; Denver
Schiff, Michael; Aurora; Englewood
Schulman, Eugene; Commerce City; Denver
Serota, Joseph F; Aurora; Englewood
Sherman, Morton E; Aurora; Englewood
Sherman, Susan A; Aurora; Englewood
Shesol, Barry F; Aurora
Shippert, Ronald D; Englewood; Littleton
Silveira, M Beatriz; Aurora
Silverman, Leonard D; Aurora; Denver
Simon, David C; Aurora
Smith, Christopher F; Aurora; Englewood
Snowden, Teresa; Aurora
Soler, Joseph J Jr; Denver
Solomon, William A; Aurora
Squires, Robert S; Denver
Starkey, Gerald H Jr; Denver; Englewood
Stephenson, Robert L; Brighton; Denver
Stoffel, Philip T; Aurora; Denver
Stoll, Stephen L; Greenwood Village; Denver
Stuebner, Jon W; Aurora; Englewood
Sundland, Barry R; Aurora; Denver
Swarsen, Ronald J; Denver

Teal, Frederick F III; Denver
Thompson, Lee S; Aurora; Denver
Tomlinson, Charles O; Denver
Tormey, Anthony D; Aurora
Tyburczy, Joseph A Jr; Brighton

Urban, James G; Aurora; Greenwood Village

Varnell, Jeffrey L; Aurora; Englewood
Varner, Lawrence N; Aurora; Englewood
Victor, Yona D; Aurora; Parker
Vierling, Donna M; Aurora; Englewood
Vigil, Jacob P; Aurora; Denver
Visconti, Paul B; Denver; Aurora

Waggoner, Jeffrey R; Aurora
Walker, Dennis E; Aurora; Denver
Warkentin, William J; Aurora
Warren, Darrell R; Aurora; Englewood
Watts, Thomas B; Aurora; Denver
Weaver, William D; Brighton; Lakewood
Webb, Terrell R; Aurora
Weber, Bruce J; Aurora
Weinerman, Stewart K; Aurora; Englewood
Weingarten, Peter L; Aurora; Englewood
Wells, David W; Aurora; Parker
Wexler, Ralph M; Denver
Wick, James E; Aurora; Denver
Williams, Derek W; Aurora; Englewood
Willig, Michael; Aurora
Wilson, James P; Denver; Aurora
Wing, Diane L; Parker

Yamamoto, Francis K; Denver
Yasuzawa, S Steve; Aurora; Englewood

Zarlengo, Roland J; Denver
Zemel, Leonard R; Denver
Zimik, Luithuk; Brighton
Zimmerman, Clark B III; Parker

BOULDER COUNTY

Abbott, W Richard; Boulder
Aldrich, Franklin D; Boulder
Alt, Brooke; Boulder
Amoroso, Christian R; Windsor; Longmont
Anker, Jeffrey L; Boulder
Appel, Theodore B; Boulder
Armour, Ross W; Longmont
Aumiller, Charles L; Boulder
Austin, Daniel C; Boulder
Avery, John S; Boulder

Backup, Linda D; Longmont; Lyons
Balkins, A J Jr; Boulder
Baumgardner, Jan F; Boulder
Baumgartner, Ronald; Boulder
Beasley, D J; Boulder
Bedell, Richard F; Boulder
Bender, Brice J; Longmont
Benson, Alan E; Longmont
Berg, Kevin R; Longmont
Berry, William R; Longmont
Birn, Jeffrey I; Thornton
Bjerke, Randal D; Boulder
Blanchet, William L; Boulder
Bock, S Allan; Boulder
Bolles, Frank P; Boulder
Bolles, Gene E; Boulder; Longmont
Bosley, Rex C; Boulder
Bowles, Charles R; Boulder
Boyd, J David; Boulder
Brandt, David; Boulder
Britton, James A; Longmont
Brockway, Roger W; Longmont
Brubaker, William H; Boulder
Brudenell, Mary Dina; Boulder
Buck, Peter G; Boulder
Budge, John C; Longmont
Burrow, Claude H; Boulder
Burton, William V; Boulder

Cadora, Donald F; Boulder
Carpenter, Julie; Boulder
Carr, Alfred N; Longmont
Carrillo, Alfred B; Louisville
Carsey, Eben D Jr; Boulder
Carson, John D; Longmont
Carter, John E; Boulder
Cavanaugh, Kenneth J; Longmont
Cavanaugh, Patrick R; Longmont
Ceriani, Philip D; Longmont
Christensen, Carole; Boulder
Clark, James E; Boulder
Clark, Scott D; Longmont
Cletcher, John O Jr; Longmont
Colberg, Craig S; Longmont
Collins, Michael A; Boulder
Colton, Albert H; Longmont; Boulder
Conrad, William C; Boulder
Coryell, Laurie A; Lafayette; Greeley
Cowgill, Joseph S; Boulder
Crouch, Dee B; Boulder
Curtis, William S; Boulder

D'Arcy, Genet; Boulder
Daarud, R Scott; Boulder; Louisville
Daarud, Richard C; Boulder
Daehn, Mary J; Broomfield
Darrah, Thomas J; Longmont
Dart, Douglas J; Boulder
Day, John R M; Boulder
Donnelly, John H; Boulder
Dougherty, Marilyn A; Boulder
Dubach, Kenneth F; Boulder
Dumler, Larry J; Boulder
Dunaway, Marvin R; Boulder

Eddy, Richard L; Boulder
Erling, William F; Boulder
Evans, Clayton A; Boulder
Ewing, Peter C; Boulder

Farrington, John F; Boulder
Ferris, William D; Boulder
Fitzgerald, David T; Longmont
Fleagle, John T; Boulder
Franklin, D A; Broomfield
Frantz, Rae Ann; Boulder; Louisville
Freeman, Ann E; Boulder
Freudenburg, James C; Longmont
Friedman, Joseph B; Thornton; Boulder
Fries, Stephen M; Boulder

Garmany, George P Jr; Boulder
Geesaman, Richard E; Boulder
Gelman, Lloyd D; Boulder
Gembol, Robyn; Boulder; Westminster
Gibson, Richard W; Boulder
Gildersleeve, Richard G; Boulder
Gillaspie, John D; Boulder
Glode, John E; Longmont; Hygiene
Good, David M; Longmont
Gordon, Leon L; Mesa AZ
Grady, James R; Boulder
Grantham, J Geary; Boulder
Grasso, Ralph J; Boulder
Greenlee, Max R Sr; Boulder

Hackney, Terry L; Louisville; Boulder
Haimes, Mark D; Boulder
Haley, James S; Longmont
Halperin, Lisa F; Denver; Boulder
Hanley, Kevin W; Boulder
Hansen, Daniel G; Boulder
Harley, Ned R; Boulder
Harrison, Craig A; Boulder
Harrison, Robin A; Boulder

Hauck, Margaret E; Denver; Boulder
Henderson, Stephen R; Longmont
Hern, Warren M; Boulder
Hersch, L Brian; Boulder
Hibbard, H David; Louisville; Boulder
Hickman, Gerald M; Boulder
Higgins, Thomas; Boulder
Hilberman, Mark; Boulder
Hilty, Raymond W Jr; Boulder
Holt, Peter B; Longmont
Hudson, John L; Boulder
Huffman, Thomas A; Denver; Longmont
Husted, Joel R; Boulder

Imig, John R; Boulder

Jacobson, Jacob G; Boulder
Johnson, William M; Boulder
Johs, Stephen M; Boulder
Jones, Charles G; Boulder
Jones, David W; Boulder
Jones, Harry D; Longmont
Jorgensen, Roger L; Longmont

Kaniuk, Marlene F; Boulder
Keller-Klein, Karen A; Boulder
Kelley, Severance B; Longmont
Kellum, Donald L; Boulder
Kipfer, Roger K; Louisville; Boulder
Kirchner, Robert L; Boulder
Klein, Mark F; Boulder
Knapp, H G Robert; Boulder
Knopper, Morton P; Longmont; Boulder
Koelsch, Harmut W; Longmont
Kornberg, James P; Boulder
Krieger, Gary R; Golden; Boulder
Kroger, J Stephen; Longmont
Kuisle, Hans R; Boulder

Laitos, Mark M; Longmont
Lane, Richard A; Boulder
Lavrinets, David A; Longmont
Lewis, Jeanne D; Boulder
Lewis, Paul K Jr; Boulder
Lillydahl, William C; Boulder
Lombard, Lou-Elizabeth J; Boulder; Denver

MacFarlan, Sherburne M; Boulder
Mackell, Paul E; Lafayette
Macsalka, Mary A; Boulder
Macsalka, Robert E; Boulder
Marbry, George W; Boulder
Marcotte, Dale D; Boulder
Markey, Joseph W; Boulder
Martin, Christopher H; Sun City AZ
Maurer, Lawrence E; Boulder
Maxwell, George S; Longmont
McCarty, David W IV; Longmont
McCauley, John R; Longmont
McFarland, Osmyn W; Boulder
McGroarty, Saralee R; Longmont; Boulder
McKenna, Michael P; Longmont; Loveland
Mehler, Robert E; Boulder
Menzel, Mark L; Boulder
Meyer, John E; Boulder
Miles, Norman A; Boulder
Miller, Denise M; Longmont
Moffett, P Michael; Longmont
Montbriand, Joel R; Boulder
Mooney, Herbert S Jr; Longmont
Moore, Donald B; Boulder
Moore, Richard H; Louisville; Boulder
Moorhead, Kenneth D; Boulder
Moran, Patrick L; Boulder
Mossberg, C Eugene; Longmont
Murphy, James T; Boulder

Nelson, Roy G; Boulder; Louisville
Newsom, Marilyn M; Boulder
Nicolay, Donald L; Boulder
Nissim, Joseph J; Longmont; Boulder

Ogden, McAlpine P; Boulder
Olijnyk, Irene; Longmont
Oppenheimer, David A; Boulder

Padmos, Richard E; Boulder
Peshock, James R; Boulder
Pfile, E F; Longmont
Phillips, Barbara A; Boulder
Pinto, Randolph A; Louisville; Lafayette
Plazak, Dean J; Boulder
Podlecki, David A; Longmont
Poje, Joanne; Longmont
Power, Charles W; Lafayette
Powers, Douglas K; Longmont; Platteville
Pressley, Richard L; Boulder; Longmont

Rabold, James G; Lafayette; Boulder
Raybin, James B; Boulder
Rector, James B; Boulder; Longmont
Rector, Susan E; Boulder; Longmont
Reitinger, Russell G; Longmont
Replogle, Scott L; Longmont; Boulder
Rice, Glenn R; Boulder
Rice, Lee E; Boulder
Rickard, Paul C; Boulder
Roach, Susan I; Longmont
Roberts, William A; Boulder
Rosen, Gary B; Boulder
Rossman, Mitchel G; Boulder
Roter, David L; Boulder
Rubright, Mark W; Longmont
Rupp, Gerald R; Longmont
Russell, George R; Boulder
Ryan, John P; Boulder; Lyons

Salter, William J; Boulder
Scaer, Robert C; Boulder
Schaten, Robin L; Longmont
Schilling, Donald H; Boulder
Seale, William B; Boulder
Shepherd, Janet E; Boulder
Sherrod, Dale B; Longmont
Shiovitz, William D; Boulder
Sibley, Lonnie M; Boulder
Simons, David R; Boulder
Sitarik, Mark A; Boulder
Smith, Darvin W; Boulder
Smith, Jerry; Denver
Sneddon, Wallace A; Longmont
Snyder, Alan L; Boulder
Sowl, Duane D; Boulder
Stacey, N Russell Jr; Longmont
Stark, George L; Boulder
Stein, Donald W; Boulder
Steinbaugh, John R; Boulder; Louisville
Stephens, George K III; Boulder
Sternberg, Patrick E; Boulder
Stewart, James D; Boulder
Stewart, Stephen K; Longmont
Stjernholm, Melvin R; Boulder
Stormo, Alan C; Boulder
Striplin, Michael R; Boulder
Takahashi, William Y; Boulder
Tanenbaum, Marc H; Longmont
Thayer, David O; Boulder
Thompson, V James; Boulder
Thron, Ann L; Boulder
Tripp, Warren I; Boulder; Louisville
Turvey, B Edward Jr; Boulder

Vandenberg, Joseph P; Boulder
VanHook, Charles J; Longmont
Vickland, James R; Longmont; Berthoud
Vito, Richard A; Boulder
VonGortler, Michael; Boulder

Ward, Jonathan M; Boulder
Waters, Robert M; Boulder
Watts, Clifford K; Boulder
Weber, Philip F; Boulder
Weddel, Stephen J; Longmont
Weiner, Steven M; Boulder
Wherry, Harry L; Longmont
Wherry, Patrick L; Longmont
Whitehead, Stephen B; Boulder
Wiederman, Francis J; Longmont; Denver
Williams, John M Sr; Longmont
Williams, William J; Boulder
Wilson, Don E; Longmont
Wilson, Linda L; Denver; Boulder
Wittenberg, Ernst; Boulder
Wolf, Howard C; Lafayette; Longmont
Wolfe, Roy E; Boulder; Broomfield
Wood, Lorraine E; Boulder
Wright, Linda C; Boulder

Yost, Byron A; Longmont
Young, George T; Boulder

Zen, Calvin T F; Longmont
Zick, H Rolan; Boulder
Ziolkowski, Thomas J; Longmont; Boulder

CHAFFEE COUNTY

Barkett, V Michael; Salida

Cline, Donald W; Salida

Fisher, H Calvin; Colorado Springs

Kirkpatrick, Glen R; Buena Vista

Leonardi, Leo J; Salida
Loeffel, Edwin J Jr; Buena Vista

McCallon, T Dwaine; Buena Vista
McGowan, Robert A; Buena Vista
Mehos, William G; Salida

Sandell, Thomas G; Salida
Stampfli, Wendell P; Rochester MN

Vaughan, Robert T Jr; Buena Vista

Weber, Mark W; Salida

CLEAR CREEK VALLEY

Adams, Lief E; Thornton; Northglenn
Adler, Kenneth G; Wheat Ridge; Lakewood
Andrews, Francine G; Lakewood; Golden

Anger, Michael S; Lakewood; Aurora
Anthony, Ward R; Wheat Ridge
Apke, Richard J; Denver
Augspurger, Richard R; Wheat Ridge; Lakewood
Augustitus, V Karen; Lakewood
Axelrod, Stephen L; Denver
Axtell, H Kent; Lakewood
Ayres, Steven J; Denver

Babcock, George C; Denver; Englewood
Bahlman, Steven H; Wheat Ridge; Golden
Bane, James J; Longmont
Barber, Donn R; Denver; Aurora
Barcz, Dennis V; Wheat Ridge
Barfield, Lawrence F; Denver
Barker, John S; Arvada
Barnacle, John C; Westminster; Denver
Barnhart, Eric D; Northglenn; Denver
Baronberg, Neiel D; Lakewood; Denver
Barter, Mark; Denver
Bassow, Solomen H Jr; Wheat Ridge
Becker, Bruce A; Lakewood; Littleton
Berg, Dal H A; Thornton; Westminster
Bernstein, Leonard D; Thornton
Besch, Nicholas J Jr; Arvada
Best, Thomas E Jr; Wheat Ridge
Betson, Raymond J Jr; Wheat Ridge; Denver
Betzer, Laura K; Wheat Ridge; Evergreen
Birenboim, Harold L; Wheat Ridge; Denver
Bishop, Richard P; Broomfield
Bjork, Floyd J; Golden
Blanchard, Thomas J; Commerce City; Northglenn
Borkert, Daniel T; Lakewood; Denver
Bourg, Wilson C III; Lakewood
Brelje, Mabel C; Lakewood
Brenman, Steven A; Wheat Ridge
Brown, Courtney W; Lakewood
Brundige, Richard L; Lakewood
Bryan, Richard Wm D; Lakewood
Buckley, Charles A; Evergreen
Buckley, John E; Denver
Burcar, Patricia J; Westminster

Campbell, Barton H; Arvada
Campbell, Bernard E; Lakewood; Denver
Campbell, Douglas M; Lakewood; Denver
Campbell, Thomas P; Wheat Ridge; Denver
Canaday, Peter G; Denver
Carlin, Allan W; Wheat Ridge
Carpenter, David E; Wheat Ridge; Arvada
Carpenter, Joseph D; Lakewood
Carter, Clinton K; Westminster; Brighton
Caskey, Jennifer H; Wheat Ridge
Cease, James I; Northglenn; Denver
Cedars, Chester M; Denver; Englewood
Cerrone, Donald A; Wheat Ridge
Chaffee, Charles B; Wheat Ridge; Denver
Chandler, Earl L; Wheat Ridge
Chu, Henry D; Denver
Claassen, Duane A; Lakewood; Denver
Cleveland, Henry C; Denver
Clifford, Dennis P; Wheat Ridge; Evergreen
Cline, Foster W Jr; Evergreen
Coffman, Delmar L; Wheat Ridge
Cohen, Harvey M; Denver; Englewood
Cohen, Richard S; Lakewood; Denver
Collins, Dale W; Denver; Lakewood
Conner, Wayne L; Denver; Lakewood
Coonan, John E; Wheat Ridge; Golden
Cooper, Daniel R; Cherry Hills
Coringrato, Mario A; Lakewood
Coulter, Robert L Jr; Wheat Ridge
Cox, William F Jr; Wheat Ridge; Golden
Crawford, Gayle P; Arvada; Littleton
Cutrell, Louis M Jr; Wheat Ridge; Arvada

Dahl, Carl R; Wheat Ridge; Golden
Dahl, John H; Lakewood; Denver
Daneshbod-Skibba, Ghodsi; Arvada
Danner, Paul K; Denver; Littleton
Davis, Charles A; Wheat Ridge
Davis, I Stephen; Lakewood; Denver
Dean, Carlton M; Wheat Ridge; Golden
DeFalco, Alfred J; Wheat Ridge
Demarco, Frank J Jr; Wheat Ridge
Dickey, Gary D; Denver; Littleton
Dilorenzo, Pasquale A; Wheat Ridge; Arvada
Dinenberg, Stephen; Lakewood
Dixon, Robert J; Denver; Fort Collins
Doig, David J; Lakewood
Doig, William L; Lakewood
Domaleski, Robert P; Wheat Ridge
Donaldson, David H; Lakewood; Golden
Dorr, Lugene A; Lakewood; Littleton
Douglas, Kenneth R; Wheat Ridge; Arvada
Doyle, Herman E; Denver
Dracon, Dan; Lakewood
Driver, Thomas F; Lakewood
Drohan, Paul S; Lakewood
Dubelman, Alan D; Thornton; Denver
Dunkin, Don E; Thornton; Brighton

Eaton, Wyley E; Golden
Elsey, Edward C Jr; Lakewood
Elzi, Richard L; Denver; Golden
Erben, Ivo; Denver; Arvada
Erickson, Larry R; Lakewood; Golden
Essig, Julia A; Broomfield
Eule, John Jr; Denver
Evenson, E Harold; Wheat Ridge; Golden

Faraci, Robert P; Denver
Ferrell, John T; Denver; Arvada
Fischer, John A; Northglenn; Thornton
Fleischaker, Gordon H Jr; Wheat Ridge; Lakewood
Fleming, John A; Lakewood
Ford, John J III; Westminster
Forman, Ernest E; Denver; Lakewood
Foster, Michael A; Denver; Aurora
Fowler, Freeman D; Riverton WY
Freistadt, Hans; Oroville CA
Fried, Herbert I; Denver; Littleton
Friermood, Tom G; Lakewood; Golden
Fry, Thomas G; Wheat Ridge; Golden
Furman, Joseph; Golden; Lakewood

Garland, Dave T; Denver; Lakewood
Gartner, Charles H; Denver
Garza, Luis R; Thornton; Boulder
Gerber, Michael J; Wheat Ridge; Denver
Gill, John R; Wheat Ridge; Lakewood
Giorno, Ralph C; Denver
Gjellum, George R; Golden
Goad, Lloyd H; Golden
Goddard, William B; Lakewood; Wheat Ridge
Goff, John S; Denver
Golbert, Thomas M; Lakewood; Denver
Goldstein, Charles; Denver
Goodman, Neal; Denver; Englewood
Gordon, John D; Broomfield; Denver
Gorelik, Julia; Broomfield; Westminster
Gottlieb, Thomas B; Arvada
Gray, Jan L; Lakewood; Golden
Green, Scott M; Littleton; Morrison
Greenberg, David C; Denver
Gregory, James J; Northglenn
Grosshans, Charles L; Lakewood
Grossman, Fred; Denver
Grover, Isabelle E; Lakewood
Guyon, Jeffrey J; Denver; Littleton

Hahn, Gary W; Wheat Ridge
Halfen, David P; Denver; Golden
Halley, Norman B; Westminster
Halseth, William L; Denver; Parker
Hammerberg, Eric K; Denver
Hammond, R Scott; Westminster; Evergreen
Harris, Lowell N; Wheat Ridge; Lakewood
Harrison, Martin R; Golden
Hartwig, Frank E; Denver
Hartzler, Janet K; Lakewood
Haynes, Robert G; Lakewood
Hemming, John G Jr; Lakewood
Henbest, Philip M; Denver
Henderson, Kenneth R; Denver; Broomfield
Herlevich, John C Jr; Westminster
Hersey, James Merrill; Golden
Higgins, Andrew G; Denver; Wheat Ridge
Hill, Douglas M; Thornton; Morrison
Hill, James R; Broomfield; Boulder
Hill, McArthur O; Wheat Ridge
Hilty, Daniel E; Wheat Ridge; Arvada
Hilty, Lydia B; Wheat Ridge
Hix, Ivan E Jr; Wheat Ridge; Golden
Hixon, Walter S; Littleton
Hodges, W Jeff; Denver; Golden
Hogan, James L; Westminster; Longmont
Holley, Paul S; Wheat Ridge
Hollister, Elbert E; Lakewood; Evergreen
Holst, Stephen W; Wheat Ridge; Denver
Howlett, Roger G; Arvada
Huggins, Gerald A; Denver
Hunter, Robert D; Englewood
Hutto, John M; Wheat Ridge; Lakewood

Ilvonen, Roger Paul; Denver
Iwakiri, John; Arvada

Jabour, Christy; Arvada
Jacobs, Herbert L; Denver
Jacobs, Valerie A; Arvada
Jeffers, Thomas M; Arvada; Golden
Jekot, Chester B; Wheat Ridge
Jenkins, Raeburn M; Lakewood; Evergreen
Jones, Arthur F; Wheat Ridge; Lakewood
Jones, Rodney H; Lakewood

Kandel, Elisabeth E; Broomfield
Kanger, William J Jr; Lakewood
Karlin, Joel M; Lakewood; Denver
Karsh, Lawrence I; Denver
Kashuk, Jeffry L; Thornton
Kassan, Stuart S; Wheat Ridge; Denver
Katchian, Azad; Wheat Ridge
Kayser, Harold L; Littleton
Kelly, Barbara Fawcett; Lakewood; Denver
Kessel, David; Arvada
Kessler, Charles J; Thornton; Westminster
Kief, Jan M; Arvada
Kinzler, Dale L; Arvada
Kirkpatrick, Douglas H; Denver; Englewood
Knight, Robert A; Arvada; Golden
Konigsberg, Robert A; Arvada; Littleton
Konopka, Derek J; Denver
Kort, W Thomas; Lakewood; Littleton
Kragor, Hugh F; Westminster

Kramer, Ryan; Lakewood
Krauth, Lee E; Wheat Ridge; Evergreen
Krebs, Richard A; Wheat Ridge
Kreider, Larry W; Golden; Arvada
Kreutzer, Erik W; Lakewood; Denver
Krichbaum, Franklin M; Lakewood
Krichevsky, Paul; Lakewood; Golden
Kubitschek, William R; Mesa AZ
Kukral, Albert J; Lakewood

Lagerborg, Vincent A; Denver
Lampe, John A; Wheat Ridge; Denver
Landis, Henry; Lakewood; Denver
Langley, James W; Golden
Laubach, Sherri J; Lakewood
Law, Dennis K; Wheat Ridge; Littleton
Law, Ronald K; Denver; Englewood
Leavitt, Timothy W; Wheat Ridge; Arvada
Lee, Robert K; Denver
Leistikow, David C; Broomfield
Leitch, William H; Denver
Lesage, Charles H Jr; Wheat Ridge
Levine, Samuel; Littleton
Lindauer-Gosik, Judith A; Golden; Wheat Ridge
Lindquist, Valdemar A Y; Denver; Golden
Lischwe, Thomas J; Broomfield; Boulder
Lissauer, Werner A; Denver
Lokey, Hamilton Jr; Wheat Ridge
Long, David M; Denver; Boulder
Lotman, Alfred C; Denver
Lowe, Thomas G; Wheat Ridge; Lakewood
Lucy, Daniel R; Wheat Ridge
Luekens, Claude A Jr; El Paso TX

Mains, Charles W; Lakewood; Golden
Mann, James G; Denver
Markel, William R; Broomfield
Markham, Allen M Jr; Denver
Maruyama, Herbert H; Lakewood
Maul, Herman S; Lakewood; Denver
Mayeda, Thomas K; Littleton
McCreedy, Gordon J; Wheat Ridge; Lakewood
McCreedy, Philip A; Wheat Ridge
McGee, Hugh J Jr; Wheat Ridge; Golden
McGuire, Brian M; Denver; Lakewood
McInerney, John R Jr; Golden
McIntyre, Donald O; Lakewood
Mencini, Raymond A; Denver; Aurora
Menconi, Lawrence R; Westminster; Denver
Mendez, William H; Denver
Mendoza, Carlos A; Westminster
Messenbaugh, Robert L; Wheat Ridge; Denver
Messner, Duane G; Lakewood
Meyer, Maryethel; Lakewood
Meyer, Ronald C; Wheat Ridge; Lakewood
Miklin, Jerry S; Wheat Ridge
Miller, Charles H; Lakewood
Miller, David C; Lakewood; Wheat Ridge
Miller, Paul D; Lakewood; Wheat Ridge
Miller, Terry D; Wheat Ridge; Arvada
Miller, William B; Lakewood
Minton, Douglas G; Wheat Ridge
Moncy, Ellen L; Wheat Ridge; Evergreen
Moore, Cyril S C; Denver
Moore, John B; Lakewood
Moore, Patrick T; Denver; Englewood
Morgan, Joseph W M; Wheat Ridge
Morris, Dorothy L; Arvada
Moss, G Wayne; Lakewood
Moulton, Jeffrey S; Denver; Englewood
Mozia, Nelson I; Wheat Ridge; Golden
Murphy, David M; Englewood

Myers, R Douglas; Lakewood; Golden

Napoli, J Nicholas; Lakewood
Neal, Billy J; Lakewood; Wheat Ridge
Neeley, George R; Wheat Ridge; Evergreen
Netz, Howard E; Lakewood
Nibbe, Albert F; Wheat Ridge; Lakewood
Ning, Theodore C Jr; Wheat Ridge; Evergreen
Nordin, John R; Lakewood; Littleton

O'Connor, J William; Lakewood; Englewood
O'Day, Fred T; Lakewood
Odom, John A Jr; Lakewood; Wheat Ridge
Okin, J Thos; Denver
Olshock, Richard; Wheat Ridge
Olson, Dennis H; Wheat Ridge; Evergreen
Olson, Robert H; Wheat Ridge; Golden
Opatowski, Michael B; Denver
Oppenheim, Walter H; Wheat Ridge
Otsuka, Alvin L; Denver

Pacheco, Jose P; Westminster
Pang, Herman; Denver; Englewood
Parker, Robert W; Littleton
Parks, B Jefferson; Wheat Ridge
Parry, Lynn; Lakewood; Littleton
Parry, Thomas M; Edgewater; Lakewood
Patel, Dayalji D; Thornton; Westminster
Pattridge, Mark F; Golden
Payea, Norman P II; Lakewood; Wheat Ridge
Pertcheck, Lawrence M; Denver; Englewood
Pfenninger, Mark Wm; Wheat Ridge; Evergreen
Pirch, Howard R; Denver
Polevoy, Ira S; Lakewood; Evergreen
Potts, William E; Lakewood; Denver
Powell, Thomas T; Golden; Lakewood
Ptasnik, Michael J; Denver; Englewood

Quackenbush, Kirk T; Lakewood

Radetsky, Paul; Wheat Ridge
Raetz, David A; Denver; Golden
Reich, Harvey M; Wheat Ridge
Reynard, Kenneth B; Denver; Englewood
Reynolds, Craig A; Lakewood
Rhodes, Paul H; Lakewood
Richards, Bruce C; Lakewood
Richardson, Kenneth R; Lakewood; Englewood
Richardson, Scott K; Westminster; Boulder
Richman, Lee K; Wheat Ridge; Lakewood
Rifkin, Ira; Denver; Littleton
Ritzman, Vernon D; Wheat Ridge
Roberts, Alfred D; Golden; Denver
Roberts, Clarence J; Thornton; Broomfield
Roberts, Donald G; Lakewood; Golden
Roberts, William G; Westminster; Boulder
Robinson, Walter G Jr; Wheat Ridge
Roller, Richard J; Denver; Golden
Rose, Virgil J; Denver; Brighton
Rosenberg, Alan L; Denver
Rosenberger, Alan B; Wheat Ridge; Lakewood
Ross, Michael H; Arvada; Golden
Roth, Henry J; Denver; Englewood
Rowland, Charles F; Lakewood
Ruderman, Jerome H; Denver
Ryan, Donald W; Lakewood; Golden
Ryan, Michael P; Lakewood
Ryan, Sonia C; Lakewood; Golden

Saber, William L; Denver; Golden
Sadler, Dean L; Lakewood
Salzman, Emanuel; Denver

Santoro, John A Jr; Thornton; Broomfield
Sassano, Eugene; Wheat Ridge; Golden
Saunders, Daniel T; Arvada; Golden
Scanavino, David J; Wheat Ridge; Evergreen
Schafer, Larry A; Wheat Ridge; Arvada
Schmidt, Douglas R; Denver
Schneider, Donald J; Denver
Schuler, Willard D; Thornton; Westminster
Schultz, Norman J; Wheat Ridge
Segall, Neil C; Thornton; Denver
Seigel, Robert S; Denver; Golden
Self, William G Jr; Westminster; Denver
Sell, Dean J; Denver
Shaban, Husam M; Wheat Ridge; Englewood
Shane, James A Jr; Lakewood
Sherman, Joseph M; Lakewood
Sherman, Leon H; Lakewood
Shiffman, Richard N; Arvada
Siegel, Gary L; Lakewood; Denver
Sikand, Gita S; Denver; Englewood
Silfverskiold, Jan P; Wheat Ridge
Silverberg, Stuart O; Westminster; Golden
Simon, Robert B; Arvada
Smernoff, Dean G; Denver
Smiley, John W; Denver
Smith, John P; Arvada; Golden
Smith, William E; Denver; Lakewood
Smythe, Stephanie; Broomfield; Louisville
Snyder, Murray M; Arvada; Denver
Snyder, Robert; Denver
Sobel, John H; Thornton
Spangler, Richard D; Denver
Spillmann, Scott J; Golden; Elizabeth
Stabel, David E; Thornton; Westminster
Stahl, Eric J; Lakewood; Golden
Stedman, Edith L Bratton; Sarasota FL
Stedman, Wilfred D; Sarasota FL
Stevens, Wayne E; Lakewood
Stiff, Kaye L; Wheat Ridge
Stofac, Robert L; Golden; Lakewood
Storm, Thomas P; Denver; Northglenn
Straehley, Douglas J; Wheat Ridge; Arvada
Straits, B Joan; Wheat Ridge
Strauss, Stanley G; Westminster
Strickland, Darwin J; Denver
Sumners, Thomas C; Denver
Sutherland, Jesse O Jr; Denver
Svinarich, J Thomas; Denver; Westminster
Sweeney, Thomas I; Wheat Ridge; Lakewood
Sydow, Sylvia; Denver

Taravella, Michael J; Thornton; Denver
Tarkanian, Malcolm A; Arvada
Tate, Robert M; Denver
Taylor, Colin V; Lakewood
Tegtmeier, Ronald E; Golden
Tepley, Fred H; Lakewood
Thomas, Herbert J III; Lakewood; Denver
Thompson, James D; Wheat Ridge; Silverthorne
Thorne, John L; Lakewood
Thumim, Martin B; Lakewood; Littleton
Ting, J Karyl; Broomfield
Tralla, Michael A; Denver; Cherry Hills Village
Traylor, Frank A; Wheat Ridge
Tuerk, Kenneth; Denver

Underwood, Larry D; Wheat Ridge; Arvada

Vacanti, John J; Lakewood
Vanderschouw, H M; Leadville
Vandewater, Frank W; Lakewood
Vellman, W Peter; Wheat Ridge; Littleton

Vigor, William Jr; Wheat Ridge; Lakewood
Vogt, Terry Ray; Evergreen
VonRueden, Kurt W; Wheat Ridge
Vostinak, William J; Westminster

Waller, John A; Wheat Ridge
Walter, Harry J; Denver; Broomfield
Watson, Donald D; Wheat Ridge; Lakewood
Weiss, Edra B; Lakewood; Littleton
Weiss, Joan; Arvada; Wheat Ridge
Weiss, Peter; Denver; Englewood
Weiss, Robert L; Arvada
Weissmann, Max L; Denver
Weston, Eugene L; Wheat Ridge; Golden
Wheeler, Leonard; Wheat Ridge
Wheeler, Richard L; Lakewood
Whitaker, John B; Denver; Aurora
Whitesel, John A; Denver
Wicks, Jeffrey D; Denver; Evergreen
Williams, Fred O; Evergreen
Williams, J Stewart; Evergreen; Golden
Williams, John F; Arvada
Williams, Robert N; Lakewood; Denver
Willis, Murray S; Wheat Ridge
Wilson, Christopher S; Wheat Ridge; Denver
Winograd, Lawrence A; Denver
Wolf, Robert J; Lakewood; Denver
Wolfson, Robert H; Wheat Ridge; Lakewood
Wood, Robert H; Arvada; Lakewood
Woodward, John B; Wheat Ridge
Worley, Bob S; Wheat Ridge; Franktown
Wotkyns, Roger S; Wheat Ridge; Lakewood
Wright, Robert C; Denver; Westminster
Wright, W Lloyd; Golden

Yakely, M Robert; Denver
Yanover, Melissa J; Lakewood
Yavorski, Sarah S; Denver; Aurora
Yocum, Harold A; Denver; Golden

Ziporin, Philip; Denver
Zopf, Delvin L; Golden

CURECANTI

Armstrong, John P; Gunnison
Auxier, Gary G; Montrose

Bachman, David C; Ouray; Ridgway
Baker, John C; Denver
Benziger, Michael J; Montrose
Brethouwer, N Robert; Montrose

Canfield, Thomas M; Montrose
Chamberlain, Thomas J; Montrose
Cole, Nicholas G; Montrose

Dickinson, Theodore C; Montrose

Gingery, Richard C; Montrose
Guy, Reginald; Montrose

Hanley, Richard G; Montrose
Hawley, William J; Montrose
Hobbs, Jan D; Montrose
Hopple, Lynwood M; Montrose

Ingalls, Judith; Telluride
Isgreen, John W; Montrose

Lambert, John C; Montrose
Light, Mason M; Gunnison

Manhart, Richard A; Montrose
McMurren, Jay W; Gunnison
Mebane, David M; Montrose
Meyer, Ronald W; Gunnison
Meyers, J Kim; Gunnison
Motley, Robert F; Montrose

Peak, James W; Montrose

Schoo, Michael J; Montrose
Shannon, Richard D; Montrose
Shaver, Charles R; Montrose
Simon, Frederick S; Montrose
Singleton, Albert O III; Galveston TX
Story, Paul G; Montrose

Tarr, John S Jr; Gunnison

VanGemert, Robert J; Montrose

Wiard, Thomas D; Montrose
Wiesner, Paul D; Montrose
Winkler, Louis H; Montrose
Wolkov, Jay M; Gunnison

DELTA COUNTY

Beach, Don E; Delta
Bennett, Robert J Jr; Delta
Brown, Woodrow E; Hotchkiss

Comer, Hugh T; Delta

Dysart, Richard A; Delta

Frey, Charles T; Cedaredge

Giffin, James M; Delta
Giffin, Lewis A; Delta

Hattel, Nick D; Delta
Hebert, James O III; Delta; Telluride
Hoisington, William D; Paonia

Kevan, Samuel J; Delta; Austin

Nevarez, Max A Jr; Cedaredge

Padua, Steve A; Delta

Richards, Anthony; Montrose
Ridgway, Don N; Paonia

Speedie, Douglas K; Delta

DENVER

Aarestad, Norman O; Denver
Abelman, Maxwell A; Denver
Abernathy, Charles M Jr; Denver
Abrams, Fredrick R; Aurora; Denver
Abrums, William W; Denver
Adams, William R; Denver
Adinoff, Allen D; Denver
Adolf, Arlis M; Denver
Aikawa, Jerry K; Denver
Akers, David R; Denver
Albin, Richard E; Denver
Alexander, Martin M; Denver
Alford, William P; Denver
Allison, Olaf W; Denver
Ambler, John V; Denver
Amer, Jules; Denver
Anderl, Vernon K; Englewood
Anderson, Martin E; Denver
Anderson-Bolick, Debra; Denver
Angello, Anthony L; Denver; Englewood
Anneberg, A Lee; Denver
Apling, Mark L; Denver; Broomfield
Appelbaum, Jerry J; Denver
Aptekar, Donald W; Denver
Aragon, Guillermo E; Denver
Arganese, Thomas J; Denver; Englewood
Armstrong, George W III; Denver
Arndt, Karl; Denver
Arnold, Charles O II; Denver
Aschberger, John J; Denver; Englewood
Ashe, S M Prather; Denver
Ashmun, Raymond V; Denver
Asunsolo, Leopoldo G; Denver
Atkins, Dale M; Denver
August, Neil; Denver

Bader, Ted F; Denver; Lakewood
Baer, Sylvan B; Denver; Englewood
Bagga, Gurbakshish S; Denver
Bailey, William C; Denver; Englewood
Baines, R Dixie Jr; Denver; Littleton
Bakemeier, Richard F; Denver
Baker, Claude D; Denver; Littleton
Balkin, Gilbert; Denver
Ballinger, Carter M; Denver
Ballonoff, Larry B; Denver; Englewood
Barbato, Lewis; Denver
Barber, Edgar W; Denver
Barber, Frank E; Denver
Barchiesi, Barbara J; Denver
Barkin, Roger M; Denver
Barmatz, Hirsh E; Denver; Aurora
Barnett, Carlton C; Denver
Bartee, Roy A; Denver
Barth, Robert L; Denver
Barton, M Dennis; Denver
Baughman, Jack L; Denver
Baum, Robert S; Denver
Beamgard, William J; Denver
Beaudoin, Denise E; Denver
Beckmann, M Lee; Denver
Becky, Joseph R; Denver
Bell, John D; Denver; Englewood
Bell, Robert F; Denver
Benedict, Claudia K; Denver
Benner, Miriam C; Denver
Bennett, Willis L; Denver
Bennett, Yvonne E; Denver; Lakewood
Bennion, Ben W; Denver
Benson, Louise E; Broomfield
Berg, Robert N; Denver; Englewood
Berger, Elwin; Denver; Englewood
Berger, Sally C; Denver; Lakewood
Beringer, E Duane; Honolulu HI
Berman, Edward R; Denver
Bernstein, Udell L; Denver
Bernton, J Tashof; Denver
Berris, Robert F; Denver
Bershof, Edward; Denver
Bertz, Michael W; Denver
Berzins, Ina; Denver
Bier-Laning, Carol M; Aurora
Bigelow, D Boyd; Denver
Bigler, Jane E; Denver

Binding, Ronald R; Denver
Bissell, John; Denver
Black, William C Jr; Denver
Blair, Emil; Annapolis MD
Blair, James R; Denver
Blaney, Loren F; Denver
Blomer, Allison; Lafayette
Bodenhamer, James E; Denver
Bogan, Paul M; Denver
Bogin, Robert M; Denver
Bohlender, Timothy D; Denver; Westminster
Bond, Marcus B; Golden
Bondi, Raymond G; Denver
Boswick, John A Jr; Denver; Englewood
Bosworth, Robert G Jr; Denver
Botha, Eleanor; Englewood
Bowers, Abern E; Denver
Bowling, F Lee; Englewood
Bozeman, Mark F; Denver
Bradley, Robert A; Englewood
Brady, Kevin D; Denver
Bramley, Howard F; Englewood
Brantigan, Charles O; Denver
Braude, Walter; Denver
Bravo, Jaime F; Denver; Greenwood Village
Breeze, Robert E; Denver
Bremers, Harold H; Denver; Englewood
Bremers, Jean M; Denver; Englewood
Brennan, Joseph A; Denver; Englewood
Brennan, Michael W; Denver
Bricker, John W; Denver
Briggs, Gordon W; Denver
Briney, Walter G; Denver
Bronstein, Alvin C; Denver
Broughton, Joseph O Jr; Denver
Brown, Charles W; Denver; Englewood
Brown, Robert K; Denver
Browne, Hillary L; Denver; Boulder
Brubaker, James N; Denver
Bruck, Edward F; Lakewood; Golden
Brunko, Michael W; Denver
Bryans, William A; Wheat Ridge; Denver
Bub, Joan B; Denver; Englewood
Buchanan, Daniel H Jr; Denver
Buck, George R; Denver
Bumgarner, Frank E Jr; Denver
Burgess, Alan W; Denver; Englewood
Burke, M Shannon; Denver
Burrows, Edwin H; Denver; Englewood
Butterfield, D G; Denver
Butterfield, L Joseph; Denver

Cabanilla, B Rodrigo; Littleton
Cain, Jeffrey J; Denver
Callaghan, Edward E; Denver
Campbell, David N; Denver; Littleton
Campbell, Dorothy C; Lakewood
Campbell, Frank C; Denver; Englewood
Campbell, William A III; Denver
Cantu, Cesar R; Denver
Cantwell, Hendrika B; Denver; Golden
Carlson, H Blair; Denver
Carlson, Robert G; Denver
Carpenter, Craig M; Denver
Carson, Bonita S; Denver
Carson, Stanley D; Denver
Cary, Margaret A; Denver
Casper, Edmund; Denver
Cattell, Richard B; Denver; Golden
Cedarblade, Vincent G; Las Vegas NV
Chalus, Dennis M; Denver; Englewood
Chang, Franklin M; Denver; Littleton
Chapman, Robert G; Denver
Char, David C; Thornton; Denver
Charles, David M; Denver
Childs, Samuel B; Englewood
Chilton, Sarah J; Denver
Chisholm, John W; Denver
Chisholm, R Neil; Denver
Chitwood, Philip A; Denver; Colorado Springs
Choi, Susanna S; Lakewood
Christiansen, Elinor T; Englewood
Christopher, Kent L; Denver
Clark, Donald M; Denver
Clark, Lee W; Broomfield; Denver
Clark, Mary J; Denver
Clark, Randall M; Denver
Clarke, Benjamin K; Denver
Clarke, David R; Denver
Clarke, J Philip; Denver; Englewood
Clautice-Engle, Traci L; Denver
Clayton, Mack L; Denver
Clifford, John H; Aurora; Englewood
Clifton, Guy D; Denver
Cochran, John H Jr; Denver
Cochrane, David R; Denver; Englewood
Cohen, Edmond F; Denver
Cohen, R Robert; Aurora
Coleman, Thomas H; Denver
Condon, William B; Denver
Cone, Ross B; Denver
Conrad, Lily C A; Idaho Springs
Conyers, David J; Denver
Coogan, Mary A; Denver
Cook, Philip S; Denver
Cook, William R; Denver
Cool, Carlyne D; Lakewood
Cooper, Theodore A; Denver
Coppinger, William R; Virginia Beach VA
Cosby, Michael P; Denver
Cotton, Ralph L; Wheat Ridge; Denver
Coulter, Vicki L; Golden
Cowen, Homer C; Denver
Cox, W William A; Denver
Craddock, Lane D; Denver
Craigie, David A; Denver
Craigmile, Thomas K; Denver
Crane, Hal S; Denver
Cregger, Irby E; Denver
Crockett, Emily B; Lakewood
Cromer, Roy; Golden
Crosby, James A; Denver
Cullen, Richard C; Aurora
Cundy, Richard L; Denver
Cunningham, R Ray; Jackson WY
Curfman, George H Jr; Denver
Curry, Marcia F; Denver
Cusick, James M; Denver

Dafoe, Charles A; Denver
Daniel, William E; Denver; Englewood
Daniels, Bernard T; Greeley
Davis, John K III; Denver
Day, L Dorine; Denver
DeBiose, David A; Denver
deCampo, Rosina E; Denver; Littleton
deCampo, Teruel; Denver; Littleton
Dedo, William R; Denver
Delauro, John E; Aurora; Denver
Demong, Charles V; Denver
Dempsey, Edward C; Denver
Dennis, Douglas A; Denver
Dennis, Mark A; Denver
Denst, John; Denver
Dickey, William C; Denver; Morrison
Dickson, Ann T; Denver
Dilts, Stephen L; Denver; Lakewood
Dix, Corinne R; Denver
Dobbs, Aubrey R; Denver
Donovan, Edward J; Denver
Doster, Mildred E; Denver
Douglas, Jan J; Denver
Downs, David A; Denver
Drake, Frank R Sr; Denver
Drake, Thomas R; Denver
Drury, Lawrence R; Denver; Evergreen
Dubin, Frank I; Denver
Duckett, Lisa L; Denver; Littleton
Duman, Louis J; Denver
Duman, Sidney; Denver
Dunlop, Gentry R Jr; Aurora
Duvall, John A; Denver

Eakins, Roger F; Denver
Earley, William C; Denver; Parker
Echternacht, Fred J; Littleton
Eck, Frederick J Jr; Vail
Eckhoff, Donald G; Denver
Eckhout, Gifford V; Denver
Edwards, John A; Denver; Englewood
Edwards, John E; Denver
Eichelman, Jutta M; Evergreen
Eicher, Danny J; Denver
Eickhoff, Theodore C; Denver; Littleton
Eilert, Robert E; Denver; Littleton
Eiseman, Ben; Denver; Englewood
Eller, Jimmie L; Aurora
Elles, Mark E; Denver; Aurora
Elliott, Donald P; Denver
Elliott, Jeffrey L; Denver
Ellis, James H Jr; Denver; Englewood
Elzi, Ernest P; Denver
Emmons, Lawrence L; Denver; Aurora
Engel, Stephen; Denver
Engel, Tibor; Denver
Ervin, Don L; Denver; Evergreen
Espey, Richard A; Denver
Espey, William M; Denver
Etzenhouser, Keith T; Golden
Evans, William Thomas; Englewood; Littleton
Evenson, Jeffery M; Aurora

Fairbairn, Scott J; Highlands Ranch; Westminster
Falliers, Constantine J; Denver; Englewood
Farinholt, Jon W; Aurora; Englewood
Farrin, John C; Golden
Faseehuddin, Mohammed; Denver
Fenoglio, Michael; Denver
Ferguson, Margaret A; Lakewood
Ferguson, Stuart R; Denver
Ferlic, Donald C; Denver
Fieger, Henry G Jr; Denver
Fieman, Robert J; Denver
Fieman, Sidney H; Denver
Fineman, Bruce G; Denver
Fink, Donald W; Denver; Englewood
Fink, Kyle M; Denver
Fischer, Javier A; Denver
Fishman, Paul J; Denver
Fitzmaurice, Kevin J; Denver
Flanigan, Richard J; Denver
Flax, Leo J; Denver
Fletcher, Christopher S; Littleton
Fliegelman, Martin J; Denver; Englewood
Foley, Thomas H; Denver; Englewood
Foote, Jenelle E; Denver

Forstot, S Lance; Littleton; Denver
Foster, Sydney; Orcas WA
Foust, G T Jim Sr; Denver
Foust, Glenn T III; Denver
Fralick, E Howard; Denver
Frangos, Pete G; Denver
Frank, Michael S B; Denver
Frankenburger, Louise B; Denver
Franz, Elmer M; Englewood
Fredericks, Charles E; Colorado Springs
Freed, Charles G; Denver
Freed, Charles R; Denver
Freedman, Marshall A; Denver
Freedman, Walter L; Denver
Freeman, Joseph W; Springhill FL
Freeman, Leonard; Denver
Frey, Henry; Denver
Friedland, Joseph D; Denver
Friedman, H Harold; Denver
Friedman, Verner; Denver
Fujisaki, Charles K; Denver
Fuller, William E; Denver
Funk, Allen E; Denver; Aurora
Furlong, N Kenneth; Denver; Arvada
Fury, Dianna L; Grand Junction

Gabow, Patricia A; Denver
Gaherty, Patricia A; Denver
Galloway, Frederick M; Denver; Lakewood
Galloway, W Ben; Denver; Aurora
Gamble, William E; Denver; Littleton
Gannuch, Garret M; Denver
Garcia, F A; Denver
Gardner, Joseph H; Evergreen
Gargan, Thomas J III; Denver; Englewood
Garlick, Ivor; Denver
Garner, Frank L; Denver
Garrow, George C; Aurora
Gay, Ralph E; Aurora
Geis, Linda H; Denver
Gelfand, Daniel E; Denver
Gelinas, Michel P; Denver
Geller, I Benjamin; Denver
Gerdes, Kendall A; Denver
Germer, Nancy J; Lakewood
Gershten, Mitchell J; Denver
Gibbons, Robert V; Denver
Gibbs, Charles P; Denver; Englewood
Gibson, James D; Waikoloa HI; Indian Hills
Gilman, Harold E; Rancho Mirage CA
Gilman, James I; Denver
Giltner, James B; Denver
Ginsburg, Max M; Denver
Ginsburg, Stanley H; Denver
Gipson, Bernard F Jr; Denver
Gipson, Bernard F Sr; Denver
Glassburn, Alba R Jr; Denver
Glasser, Richard H; Denver
Glassman, Michael H; Denver; Aurora
Godfrey, Clarke C II; Denver
Goggans, Walter H; Denver
Goin, Donald W; Denver
Goldstein, Joel H; Denver; Englewood
Goldstein, Stephen A; Englewood; Aurora
Golitz, Loren E; Denver; Aurora
Goodman, Reid A; Denver; Englewood
Gore, Robert B; Denver
Gottesfeld, Ray L; Denver
Gottesfeld, Stuart A; Denver
Gradick, Debra J; Morrison
Graham, Rebecca S; Denver
Gramowski, Thomas W; Denver; Lakewood
Green, Thomas F Jr; Denver
Greenberg, Roger; Denver
Greenhalgh, Charles R; Denver
Greenwall, Lowell J; Denver
Greer, Joseph C; Denver
Grey, Leslie; Denver
Griest, Deborah J; Denver
Griffin, John G; Denver
Griffiths, Leonard L III; Denver
Grogan, John M; Denver; Englewood
Grow, John B Jr; Denver
Grow, John B Sr; Denver
Guerra, Frank; Denver
Gurley, William D; Denver
Gussman, Debra; Denver

Haase, Gerald M; Denver; Littleton
Haley, Patrick D; Denver
Halgrimson, Charles G; Denver
Halgrimson, Michael J; Lakewood
Hall, Alan H; Denver; Evergreen
Hall, Michael L; Denver
Halouska, Don L; Denver
Hamilton, Richard; Denver
Hamlin, Charles; Denver
Hammer, Raymond W; Litchfield Pk AZ
Hannum, John N; Denver
Hansen, Lowell H; Denver
Happer, Ian M; Denver
Hardy, Ronald G Jr; Denver
Harken, Alden H; Denver; Littleton
Harris, James A; Lakewood
Harvey, Duval E; Denver
Harvey, Richard L; Aurora
Harvey, Robert P; Denver
Hashimoto, Christine; Denver
Haughton, Kevin M; Denver
Haun, William E; Denver; Englewood
Hausmann, Gertrude S; Denver
Hawes, Charles R; Denver; Littleton
Hazel, Woodrow S; Denver
Hedberg, John; Denver
Heinz, Stephen M; Denver
Heisterkamp, David V; Denver
Heller, Arnold; Denver
Heller, Eugene; Denver
Hendee, Robert W Jr; Denver
Henry, Raymond W; Denver
Hepner, Harold J; Denver; Englewood
Herman, James R; Denver
Hermann, Gilbert; Denver
Hernandez, Jacinto A; Denver; Englewood
Herndon, Cynthia G; Denver
Hess, Gary W; Denver
Hicks, M John; Denver; Westminster
Higbee, Daniel R; Denver
Hileman, Lyle S; Denver
Hines, William L; Denver
Hinton, Julie A; Denver
Hirose, Hideo; Wheat Ridge; Golden
Hlavaty, Vaclav; Thornton; Denver
Hoch, Peter C; Denver
Hodges, Kathleen A; Denver
Hoffenberg, Stephen R; Denver
Hoffman, Murray S; Denver
Hoffman, Richard E; Denver; Golden
Hoffmann, Mark F; Denver
Hofsess, Donald W; Denver
Hogle, Gregory A; Denver
Holbrook, Bryan G; Denver; Aurora
Holman, Andrew J; Denver
Holman, Joan D; Denver
Holt, G Waltermann; Bow Mar
Holt, Steve A III; Denver; Lakewood
Holtgrewe, Jeffrey L; Denver
Hopeman, Alan R; Denver
Hopf, Timothy R; Denver
Horsky, Brooke; Denver
Houlton, William G; Denver
Hovland, Kenneth R; Denver
Howell, Kathryn T; Denver
Hrdlicka, Jan; Arvada
Hughes, Robert H; Aurora
Humm, John J; Aurora
Humphreys, John A; Denver; Englewood
Humphries, Jesse H; Denver
Hurst, Allan; Santa Fe NM
Huston, Jeffrey D; Denver; Littleton
Hutchison, David E; Denver
Huun, Mark A; Denver

Illige-Saucier, Martha; Denver
Imber, Richard J; Denver
Inkret, William Jr; Denver
Ippen, Gregory A; Denver
Iriye, Craig A; Denver

Jackson, William E; Denver
Jacobs, Alexander; Denver
Jacobson, Eugene D; Denver
Jacques, Thomas F; Denver
James, Albert E; Denver
James, Penelope C; Denver
Jamison, Jacqueline H; Denver
Jamroz, Brandt A; Denver
Janowski, Robert R; Denver
Jantz, Richard D; Denver
Jardine, Robert L; Denver
Jared, Roy A II; Denver
Jennings, R Lee; Denver; Englewood
Johnson, Kent E; Denver; Englewood
Johnson, Marvin E; Carmichael CA
Johnson, Melvin A; Denver
Johnson, R Reed; Denver; Littleton
Johnson, Robin E; Denver
Johnson, Roger F; Denver
Johnson, Stephen D; Denver; Golden
Johnston, Robert P; Aurora
Jones, Everette G; Denver; Golden
Jones, George D; Denver; Lakewood
Juric, Gordon; Denver

Kadler, Karen M; Denver; Golden
Kahn, Kenneth A; Boulder
Kail, Thomas J; Denver
Kandel, George E; Denver; Littleton
Kane, Francis C; Laguna Hills CA
Kane, Gregory A; Denver; Littleton
Kano, Jane S; Denver
Kanowitz, Arthur; Denver; Englewood
Kantor, Robert S; Denver
Kaplan, Herbert; Denver
Kaplan, Max; Denver
Kaplan, Morris; San Diego CA
Karel, James L; Denver; Wheat Ridge
Kauvar, Abraham J; Denver
Kauvar, Kenneth B; Denver
Keats, William K; Denver
Keener, Carl L; Denver
Keener, William H; Denver
Kelble, David L; Denver; Evergreen
Kelly, James P; Denver
Kem, M Richard; Denver; Englewood
Kennedy, L James Jr; Denver

Kennedy, Thomas J; Englewood
Kennedy, Timothy C; Denver
Kennison, Herbert B Jr; Denver
Kennison, Warren S; Denver; Golden
Kent, Emma M; Lakewood
Kettering, Lisa S; Littleton
Kiernan, R Martin; Denver; Monument
King, Talmadge E Jr; Denver; Aurora
Kinzie, Jeannie J; Denver; Evergreen
Klapper, Jack A; Denver
Klein, Russell C; Golden
Klenk, Eugene L; Denver
Klingbeil, Heidi; Denver; Arvada
Klingensmith, William C; Denver; Englewood
Kobayashi, Thomas K; Denver
Kosmicki, Patrick W; Denver; Englewood
Kovarik, Joseph L; Englewood
Kramish, David; Denver
Krekorian, Edmund A; Denver; Aurora
Kurland, Stanley K; Denver
Kurowski, J L (Jim); Denver

Lacy, George M; Denver; Englewood
Lahey, Duane D; Denver
Lampe, John M; Denver
Langendoerfer, Sharon I; Denver
Lasater, Gene M; Denver; Englewood
Lattes, Robert; Denver
Lauer, James W; Denver
Lavengood, John S; Denver
Lawrence, W Stewart; Denver
Leder, Eric H; Denver; Englewood
Leder, Max M; Denver
Leder, Robert; Denver; Englewood
Lefkowits, Donald J; Denver
Leidholt, John D; Denver
Leight, Harold C; Denver
Lemon, John C; Aurora; Englewood
Leo, Jan E; Denver
Lepoff, Ronald B; Denver
Levitt, Peter W; Denver
Lewis, David A; Denver
Lewis, Evan L; Denver
Lewis, Leonard A; Miami FL
Lewis, Philip L; Denver
Lienert, R Eugene; Denver; Englewood
Lightburn, John L; Denver; Golden
Lillehei, Kevin O; Denver
Lindberg, James P; Denver; Golden
Linder, Robert O; Aurora
Lipan, Edward M; Denver; Englewood
Lipscomb, William R; Tucson AZ
List, James E; Denver; Littleton
Litvak, John; Denver
Livingston, Wallace H; Denver
Locketz, Harold D; Denver
Loeffler, Robert D; Denver
Lombardi, James C; Englewood; Denver
London, Scott F; Denver
Lovell, Jeffrey H; Denver; Westminster
Lowell, David H; Denver; Englewood
Lowry, Hope; Englewood
Lubchenco, Lula O; Denver
Lubchenco, Michael A; Denver
Lucas, John L; Denver; Littleton

Macaluso, Frank A Jr; Denver
MacCarter, Daryl K; Denver
Mack, Marjorie A; Aurora
Mack, Robert P; Denver
MacMillan, Hugh A; Denver
Macomber, Douglas W; Denver
Madan, Veena; Denver
Maestas, Gilbert B; Denver
Mahony, Thomas H Jr; Denver
Major, Francis J; Denver; Englewood
Major, Joseph J; Denver; Englewood
Malito, Carl A; Denver
Maloney, J Michael III; Denver
Malowney, Robert C; Englewood
Manart, Frank D; Denver
Mandel, Mickey J; Denver; Englewood
Mangione, Ellen J; Denver
Manke, William F; Denver; Englewood
Maresh, Gerald S; Englewood
Markovchick, Vincent J; Denver; Golden
Markson, Jay A; Denver
Marx, Johann R; Denver
Mason, Ulysses G III; Denver
Massa, Emil J; Denver
Mateskon, Charles A; Denver
Matthews, Frank D; Denver
Maul, Kester V; Denver
May, Richard G; Denver
Maytum, Helen E; Denver
McCafferty, Bonnie; Littleton
McCallister, Dianne E; Denver
McCallum, Douglas G; Denver
McCartney, Robert D; Denver
McCaw, William W Jr; Denver
McClean, Charles K; Denver
McCleary, Edward L; Denver
McClellan, Michael D; Denver
McClintock, Homer G; Denver
McCrory, Charles B; Brighton
McCroskey, Brian L; Denver
McCurdy, Robert E; Denver
McDaniel, Janice R; Grand Junction
McDonald, Clark E; Denver
McDonald, Roderick J Jr; Denver; Littleton
McDonough, Gilbert L; Denver
McDowell, Marion E; Denver
McElfatrick, Robert A; Denver
McElhinney, James P; Denver
McFee, John G; Denver
McGill, Joseph J; Denver
McGlone, Frank B; Denver; Littleton
McKenna, Robert L; Denver
McKinnon, Douglas A; Denver
McMahon, B Thomas; Denver
McMillin, Kim I; Denver; Englewood
Meagher, David P Jr; Denver; Golden
Mehta, Sunder J; Denver; Englewood
Meinig, Richard P; Denver
Meister, Edward J; Denver
Melinkovich, Paul; Denver; Evergreen
Mendenhall, John C; Denver
Menhusen, Monty J; Denver
Merrick, Thomas A; Denver
Mestas, T Robert; Denver; Englewood
Meyers, Barry E; Denver
Meza, Felix; Denver
Michalek, Michael; Denver
Miller, Alvin P; Denver
Miller, Edward S; Denver
Miller, Gerald M; Denver
Mills, Scott D; Denver
Milzer, Gary S; Aurora; Englewood
Minzer, Eugene R; Denver
Mitchel, Duane H; Denver
Mitchell, Roger S; Denver
Moehring, Roswitha; Denver
Moison, Susan A; Denver
Moldauer, Leslie; Denver
Molk, Leizer; Denver
Momii, Dick D; Denver
Monsour, James W; Denver
Montana, Margaret A; Denver
Moon, Arlie L; Yucaipa CA
Moon, William A Jr; Denver
Moore, Ernest E Jr; Denver
Moore, Frederick A; Denver
Moore, George E; Denver; Conifer
Moore, Lucy; Denver
Moore, Michael L; Denver; Englewood
Moore, Randy L; Denver
Moorman, Lemuel T; Denver
Morrell, Don L; Denver
Morris, Robert D; Denver
Mosko, Joel; Denver
Mubarak, Asa'ad A; Wheat Ridge; Englewood
Mueller, Ferdinand Jr; Denver; Englewood
Mueller, John F; Denver
Muftic, Michael; Denver
Muir, Bennett W; Parker
Murahata, Sue A; Denver
Murphy, Carla E; Denver; Golden
Murphy, Daniel S; Denver
Murphy, David A; Denver
Murray, Ives P; Denver
Mushinsky-Tralles, Ann V; Denver; Aurora
Musman, David J; Englewood
Musso, Carlo A; Denver
Mutz, Austin; Denver
Myers, Carl B; Denver

Narrod, James A; Denver
Nawaz, Dilsher; Denver; Aurora
Nelson, J Phillip; Denver; Watkins
Nelson, Nancy E; Denver
Nelson, William R; Denver
Newman, Lee S; Denver
Nieder, Robert M; Englewood
Nieland, Leo J; Denver
Norton, John T; Denver; Parker
Nye, John R; Denver
Nygaard, Airell L; Denver

O'Briant, Charles R; Denver
O'Donnell, Richard S; Denver; Englewood
O'Dowd, Mary K; Denver
O'Loughlin, Edward P; Denver; Aurora
O'Meara, Owen P; Denver; Englewood
Ogsbury, James S III; Wheat Ridge; Greenwood Village
Ogura, George I; Denver
Oliphant, Manford M Jr; Denver; Littleton
Olsen, Eric B; Denver
Onat, Maurine; Denver; Englewood
Oppegard, Charles R; Englewood; Denver
Orsborn, George E Jr; Denver; Wheat Ridge
Overett, Thomas K; Denver
Overy, Hugh R; Denver
Owens, J Cuthbert; Denver; Englewood
Oxman, Albert C; Denver

Page, Doris A; Denver
Paley, Aaron; Denver
Palmer, Harold D; Sedona AZ
Panter, Edward G; Denver
Panter, Kent W; Denver
Papenfus, Kurt F; Aspen; Golden
Pappas, George; Denver; Littleton
Pardos, George J; Denver
Parker, Richard K; Denver
Parkinson, Wendy M; Denver

Parsons, Debra J; Denver
Parsons, Donald W; Denver; Littleton
Parsons, Julie A; Denver
Pash, Robert; Denver
Patten, Albert M; Denver
Patterson, Joseph H; Denver; Englewood
Paz, F Mark; Denver; Westminster
Pear, Bert Lincoln; Denver
Pearse, John R; Thornton
Peck, Mordant E; Denver
Penix, Lex L; Denver
Pensack, Robert J; Denver
Perlman, Daniel M; Denver
Perreten, Frank A; Denver
Petersen, Gordon W; Denver
Peterson, Edwin W; Denver
Peterson, Norman E; Denver; Aurora
Petty, Stephen T; Denver
Petty, Thomas L; Denver
Pharo, Susan A; Denver; Wheat Ridge
Phelps, Dwight S; Denver
Phillips, Robert G; Denver
Philpott, Ivan W; Denver
Philpott, Osgoode S; Denver
Philpott, Osgoode S Jr; Denver; Englewood
Ping, Donald W; Denver
Pizzo, Christopher J; Denver
Platt, Frederic W; Denver
Plaus, William J; Denver
Plunkett, Larry M; Denver
Pluss, William T; Denver
Pons, Peter T; Denver
Porreco, Richard P; Denver; Englewood
Poulsom, Edwin D; Denver
Prager, Nelson A; Highlands Ranch
Pratt, Elmer B; Littleton
Pratt, Jennifer A; Denver; Aurora
Prenzlau, Werner S; Denver
Prinzing, J Fredric Jr; Denver
Prochoda, Karyn P; Denver
Propp, John G; Denver
Pruett, Peter B; Denver; Evergreen

Quintero, Peter S; Denver

Raattama, Ruth J; Denver
Rabin, Ronald A; Denver
Rademacher, Dana E; Englewood
Rademacher, Raymond J; Denver
Rainer, W Gerald; Denver
Rainer, William G Jr; Denver
Ramo, Leon; Denver
Ramsey, Laura C; Greenwood Village
Rapaport, Alan M; Denver; Aurora
Ratcliff, Ralph G; Denver
Ratigan, Richard D; Denver
Ratzer, Erick R; Denver; Littleton
Ravin, Rose S; Denver
Reckler, Sidney M; Denver
Reed, Barbara R; Denver; Englewood
Reed, Thomas A; Denver
Reimers, Wilbur L; Denver
Reiquam, C W; Denver; Lakewood
Repsher, Lawrence H; Wheat Ridge
Rest, Arthur; Denver
Restivo, Jack L; Denver
Retallack, Louis L; Denver
Reveille, Robert M; Denver
Reynders, Michel A; Denver
Rhodes, Edward A; Denver; Englewood
Ribnik, Harlan R; Denver
Richardson, David L; Denver
Richardson, J William; Denver
Richardson, Leanne L; Denver
Richer, Michaleen; Denver
Rider, Mitchell B; Denver
Riegel, Cynthia A; Denver
Riley, Conrad M; Denver
Ritchey, Elizabeth E; Denver; Englewood
Ritsick, Joseph A; Denver
Roberts, Donald M; Denver
Robertson, Valerie J; Denver
Roger, Sheldon; Denver; Englewood
Rogers, Jean C; Denver; Aurora
Roos, David B; Denver; Littleton
Rosen, Peter; Denver
Rosen, Reuven E; Denver
Rosenberg, Jonas S; Denver
Ross, Michael C; Denver
Rothman, David; Denver
Rowley, Mark C; Denver
Rubinowitz, Martin J; Denver
Ruddy, John R; Denver
Rumack, Barry H; Denver; Littleton
Runge, Paul E; Los Angeles CA
Russell, Ruth K; Henderson
Ryan, Mark R; Denver
Ryan, Steven J; Denver
Rymer, Charles A; Denver

Sable, Aaron W; Denver
Sadler, John E Jr; Fort Smith AR; Fraser
Safford, H R III; Denver; Englewood
Sanders, Barbara J P; Denver; Englewood
Sanders, Richard J; Denver; Englewood
Sands, Gary P; Denver; Golden
Sanidas, John D; Denver
Sarche', Michael A; Denver
Sartorio, Ernest Jr; Denver
Sawyer, Robert B; Denver
Sbarbaro, John A; Denver
Schaiberger, Peter H; Denver
Schaten, Mark A; Denver; Aurora
Schemmel, Janet E; Denver
Schick, Walter R; Denver
Schmitt, Oscar J; Denver
Schneider, David J; Denver; Aurora
Schneider, Dieter W; Denver
Schneider, William A; Denver; Englewood
Schocket, Alan L; Denver
Schonebaum, Robert M; Englewood
Schoonmaker, Fred W; Denver
Schreck, Walter R; Denver
Schrier, Robert W; Denver; Englewood
Schwappach, John R; Denver
Scott, Francis A; Denver; Englewood
Scott, Sarah K; Denver
Scott, Stephen C; Denver
Sederberg, James; Denver
Shander, David; Denver
Shanker, H Ben; Denver
Shattuck, Robert C; Littleton
Shealy, Stephen H; Littleton
Shearer, Christoper P; Denver; Englewood
Sheiner, Seth A; Denver
Sheldon, Jonathan; Westminster
Sherbok, Bernard C; Denver
Sheridan, E Paul; Denver
Sherman, Joseph H; Scottsdale AZ
Shidler, Elmore J; Denver
Shields, Lloyd V; Denver
Shipman, Karl H; Denver
Shira, James E; Denver; Englewood
Shpall, Zachary I; Denver
Shwayder, Aaron J; Denver
Shwayder, Montimore C; Denver
Sides, Leroy J; Denver
Sigler, Cynthia J; Denver
Silvestri, H Peter; Denver
Simon, John S; Denver
Simpson, C Kelley; Lakewood
Singleton, Glenda; Denver
Skeehan, Raymond A Jr; Denver
Slagle, DeRoy W H; Pasadena CA
Slonim, N Balfour; Denver
Smail, W Carlyle Jr; Denver; Englewood
Smith, Brent J; Denver; Englewood
Smith, Brian R; Denver
Smith, Edwin R; Denver; Englewood
Smith, Elwin A; Denver; Littleton
Smith, Richard H; Denver
Smyth, Charley J; Denver
Snider, Bernard H; Denver
Snively, Steven L; Denver; Littleton
Snyder, Joseph; Denver
Soffer, Patricia G; Denver
Solano, Mark D; Denver
Sorkin, Marc J; Denver; Littleton
Spatt, Peter D; Denver
Spees, Alan J; Denver; Littleton
Spees, Everett K Jr; Denver
Spencer, J Robert; Aurora
Spivey, Danton B; Englewood; Denver
Spofford, Bryan T; Denver
Spurck, Robert P; Denver; Littleton
Stahlgren, LeRoy H; Denver
Stamm, Carol A; Denver
Stanfield, Clyde; Denver
Stanton, Robert P; Northglenn; Denver
Stark, Craig F; Denver; Englewood
Stark, Meritt W; Las Cruces NM
Starr, Arthur G; Denver
Starr, Robert R; Denver
Steele, Brandt F; Denver
Steele, Peter P; Denver
Steiner, Jane C; Denver
Stephenson, Philip L; Wichita Falls TX
Stevens, Sydney L; Littleton
Stewart, Robert J; Denver
Stigler, Del; Denver
Stokes, Michael F; Denver
Stone, Dianne C; Denver
Stone, Ken A; Denver
Stonington, Oliver G; Breckenridge
Strain, James E; Elk Grove Village IL; Prospect Hts IL
Strand, Melford L; Denver; Englewood
Stuver-Webster, Edna L; Denver
Sullivan, Neil F; Denver
Sullivan, Terrance J; Denver
Susko, Thomas M; Denver
Susman, Morris H; Denver
Sutton, Paul; Denver
Swets, Edward J; Denver
Sykes, William M; Denver; Golden
Szczukowski, Lorna; Denver

Taguchi, James T; Denver; Littleton
Takeno, M George; Englewood
Talbott, Richard D; Denver
Talley, Richard W; Littleton
Tannenbaum, Philip D; Denver
Tarlie, Anschel; Englewood
Taylor, E Stewart; Denver
Teitelbaum, Daniel T; Denver
Temple, Donald R; Denver; Englewood

Tharp, James A; Denver; Littleton
Thatcher, George W; Olympia WA
Thilo, Elizabeth H; Denver
Thomason, Hubert H Jr; Denver
Thomason, Laura M; Denver
Thomasson, George O; Englewood; Highlands Ranch
Thompson, Horace E; Denver
Thompson, Rollin L; Denver; Englewood
Thompson, Stephen D; Wheat Ridge; Arvada
Tiu, Celsa T; Denver
Tobin, Peter L; Denver
Toll, Giles D; Denver
Toll, Henry W Jr; Denver
Tolley, Russell C; Denver
Towbin, Milton N; Denver
Traina, Steven M; Denver
Tramutt, H Michael; Westminster; Arvada
Treihaft, Marc M; Denver
Tubergen, David G; Denver
Tucker, Warren W; Denver
Tuft, Charles M; Denver; Golden
Tuft, Harold S; Denver
Twombly, George C Jr; Denver; Englewood
Tyor, Joseph C; Denver

Ugale, Janice J; Denver; Englewood
Urwiller, Richard D; Denver

Valentine, John D; Denver
Vargas, Peter A; Denver
Velkoff, Michele A; Denver
Vernon, Thomas M Jr; Denver
Verploeg, Ralph H; Denver
Vest, Walter E Jr; Denver
Vickery, Katherine; Denver
Victoroff, Michael S; Aurora; Broomfield
Vigoda, Philip S; Denver; Englewood
Vijay, Nampalli K; Denver; Englewood
Vincent, Thomas N; Denver; Englewood
Virtue, Robert W; Denver
Vogel, Harold B; Denver
VonRueden, Robert K; Denver; Littleton
Voss, Mark A; Denver
Vu, Thuan Q; Denver

Wade, Michael G; Denver
Waggener, H U; Denver
Wagoner, Katrina M; Denver
Wagschal, Rolf; Denver
Wahl, David L; Venice FL
Waite, H Dennis; Denver; Littleton
Waldbaum, Arthur S; Denver
Waldmann, Robert P; Denver
Walker, E Lance; Denver; Littleton
Walker, Louise D Converse; Denver
Wall, Robert E; Denver
Warmath, William T; Denver
Warren, D Mark; Denver
Warren, George H; Denver
Warren, Herrick S; Wheat Ridge; Denver
Way, Kenneth E; Denver
Wayne, Eli R; Denver; Englewood
Weatherley-White, Roy C A; Denver
Weaver, Marlin E; Denver
Weaver, Robert H; Denver; Golden
Weigers, Kim R; Denver
Weiker, Justin; Denver
Weingardt, Jeffry P; Denver
Weisbrod, Dennis M; Denver; Englewood
Weiss, Stanley S; Denver; Englewood
Weissler, Arnold M; Denver
Weltman, Delbert M; Denver; Lakewood
Wenzel, Wayne W; Denver
Wester, Robert J; Denver
Westerlund, Margaret E; Denver
Wexler, Paul; Aurora; Littleton
Wheelock, Seymour E; Denver
Wherry, Franklin P; Lincoln City OR
Whistler, Carl W; Denver
White, Madeline J; Denver
White, Wallace C; Denver; Aurora
Wiedel, Jerome D; Denver
Wiggs, Eugene O; Denver
Wilcox, George D III; Denver
Wiley, Hugh S; Denver; Englewood
Wilkins, Ross M; Denver; Golden
Willett, Allan B; Denver
Williams, Edwin T; Denver
Williamson, John W; Denver
Wilson, Robert E; Denver
Wilson, William B Jr; Denver; Littleton
Wilson, William H; Denver
Wingle, Virginia; Denver
Winn, Charles E II; Denver
Witten, Julia S; Littleton
Wolf, Phillip S; Denver
Wolff, James N; Englewood
Wollgast, George F; Englewood
Wong, David A; Denver; Golden
Woodard, W Donald; Denver
Woodruff, Robert; Denver
Woodward, James M Jr; Denver; Englewood
Wright, Richard A; Denver
Wurtzebach, Lorenz R; Lakewood

Yaeger, Eric S; Englewood
Yanagi, Ann K; Denver
Yarnell, Philip R; Denver; Englewood
Yen, William T; Thornton
Yost, John F; Aurora; Parker
Yost, Raymond V; Denver; Aurora
Young, David H; Denver; Englewood
Young, John R; Denver

Zarlengo, Charles V; Lakewood
Zarlengo, Frank N; Denver
Zarlengo, Gerald V; Denver
Zbylski, Joseph R; Denver; Englewood
Ziegler, William L; Denver
Zimmer, Alexander H; Aurora; Denver
Zuckerman, Gerald H; Denver
Zuckerman, Hyman S; Denver

EASTERN COLORADO

Beethe, Raymond C; Burlington

Hoppe, Wayne E; Burlington

Keefe, Jerome L; Cheyenne Wells

Masoud, Abdul S; Cheyenne Wells

Olson, Mark R; Limon

Pebler, Richard F; Limon

Ross, Clarence L; Burlington

Scarinzi, Hugo J; Flagler
Straub, John C Jr; Littleton

Younger, David G; Burlington

EL PASO COUNTY

Adams, Ralph W; Colorado Springs
Adasek, Peter J; Colorado Springs
Ahnfeldt, Arnold L; Colorado Springs
Albrecht, David W; Colorado Springs
Anderson, James T; Colorado Springs
Anderson, Judson T; Colorado Springs
Anderson, Paul N; Colorado Springs
Anderson, W Dale; Colorado Springs
Ansfield, Michael J; Colorado Springs
Arguello-Rudin, Oscar G; Colorado Springs

Ball, John H; Colorado Springs
Ballard, Phillip W; Colorado Springs
Baron, J Gregory; Colorado Springs
Barrick, Steven J; Colorado Springs
Baswell, Bonnie J; Colorado Springs
Bates, Thomas R; Colorado Springs
Beadles, Robert O Jr; Colorado Springs
Bell, Richard A; Colorado Springs
Benchwick, Paul L; Colorado Springs
Bengfort, John L; Colorado Springs
Berman, Michael L; Colorado Springs
Berthrong, Morgan; Colorado Springs
Beyer, Eugene F; Colorado Springs
Bianco, Peter M; Colorado Springs
Bildstein, Rodger D; Colorado Springs
Bjork, Randall J; Colorado Springs
Blake, Clyde D; Colorado Springs
Blattspieler, S F; Colorado Springs
Blocker, Sterling H; Colorado Springs
Blonder, Ronald D; Colorado Springs
Bodman, Stephen F; Colorado Springs
Borgstede, James P; Colorado Springs
Bowerman, David L; Colorado Springs
Brady, E James; Colorado Springs
Bramschreiber, Jerome L; Colorado Springs
Brassfield, T Scott; Colorado Springs
Brightwell, Nathan L; Colorado Springs
Bristow, John W; Colorado Springs
Brown, Frederick B; Colorado Springs
Brown, Jeffrey M; Colorado Springs
Brown, Michael W; Colorado Springs
Brown, Samuel H; Colorado Springs
Brumfield, Robert A; Colorado Springs
Brusenhan, J Richard; Colorado Springs
Buchanan, Kay M; Colorado Springs
Burdick, Duncan C; Colorado Springs
Burton, Richard M; Colorado Springs
Butler, Larry J; Colorado Springs

Cadigan, Robert A Jr; Colorado Springs
Campbell, Oliver P; Colorado Springs
Cantor, Avrim; Colorado Springs
Carlton, Robert E; Colorado Springs
Carris, Craig K; Colorado Springs
Carris, James V; Colorado Springs
Caster, David U; Colorado Springs
Chambers, William C Jr; Colorado Springs
Chatfield, John N Jr; Colorado Springs
Chittum, Mark E; Colorado Springs
Ciccone, William J; Colorado Springs
Clark, Douglas P; Colorado Springs; Monument
Clark, Phyllis V; Colorado Springs
Clayton, William D; Colorado Springs
Cohen, Elliot S; Colorado Springs
Cohen, Milton I; Colorado Springs
Cole, Brian; Colorado Springs

Cole, Larry W; Colorado Springs
Cole, Norman G Jr; Colorado Springs
Conde, Richard L; Colorado Springs
Cook, Julius E; Colorado Springs
Cooper, Jack; Colorado Springs
Cramer, Lester M; Colorado Springs
Crawford, Lewis A; Colorado Springs
Cresswell, George F; Colorado Springs
Crissey, Michael M; Colorado Springs
Crouch, W B; Colorado Springs
Crowe, Daniel J; Colorado Springs
Cunningham, Leon D; Colorado Springs

Davidson, Allan B; Colorado Springs
Davis, Ben K; Colorado Springs; Monument
Davis, Herbert A; Colorado Springs
Davis, Roger W; Colorado Springs
Dawson, Donald L; Colorado Springs
Dawson, Dwight C; Colorado Springs
Day, James H Jr; Colorado Springs
Deal, Terry D; Colorado Springs; Monument
Delaney, Jane; Colorado Springs
DeTar, George F; Colorado Springs
Deverell, William F; Colorado Springs
Dewell, Larry M; Colorado Springs
DiAsio, Richard A; Colorado Springs
Diffee, Joe T; Colorado Springs; Woodland Park
Dillon, Jack T; Colorado Springs
Dillon, Robert F; Colorado Springs
DiNapoli, Jim; Colorado Springs
Dlugos, Thomas P; Colorado Springs
Donahue, Lawrence P; Colorado Springs
Dougan, Robert P; Colorado Springs
Dowding, Charles H Jr; Aurora
Drabing, John H; Colorado Springs
DuBois, David D; Colorado Springs
Duster, Mark C; Colorado Springs
Dye, Charley W; Colorado Springs

Edwards, James E; Colorado Springs
Ellias, Andrew R; Colorado Springs
Elwonger, David M; Colorado Springs
Ely, Janet L; Colorado Springs
Emeis, William E; Colorado Springs
Ernster, Joel A; Colorado Springs
Evans, Bruce G; Colorado Springs
Evans, Richard O; Colorado Springs
Everett, Ralph E; Colorado Springs

Faricy, Patrick O; Colorado Springs
Fawcett, Newton W; Colorado Springs
Feiler, Frederic C; Colorado Springs
Feldman, Laura L; Colorado Springs
Fellhauer, Daniel R; Colorado Springs
Fitzgerald, Edward M; Colorado Springs
Fixott, Richard S; Colorado Springs
Foerster, Robert J; Colorado Springs
Ford, Jack; Colorado Springs
Foster, Robert J; Colorado Springs
Foti, Dominic Jr; Colorado Springs
Freedman, William W; Colorado Springs

Gage, R Wayne; Colorado Springs
Gamblin, Kenneth R; Colorado Springs
Gardner, Robert C; Colorado Springs
Garland, James W; Colorado Springs
Garry, Stephen H; Colorado Springs
Gazibara, Donald P; Colorado Springs
Genrich, John H; Colorado Springs
Gerrard-Gough, Brodie; Colorado Springs
Gheen, Kenneth M; Colorado Springs
Gibson, J Bradley; Colorado Springs
Gieringer, Gary V; Colorado Springs
Gifford, Marilyn J; Colorado Springs
Gigliotti, Lawrence G; Colorado Springs
Go, Sumio; Colorado Springs
Gold, Larry A; Colorado Springs
Golditch, Monte E; Colorado Springs; Monument
Goldmuntz, Barry M; Colorado Springs; Manitou Springs
Goldstein, Warren D; Colorado Springs
Gorab, Lawrence N; Colorado Springs
Graham, Lyle W; Mobile AL
Grana, Arthur J; Colorado Springs
Greenberg, David I; Colorado Springs
Greensher, Arnold; Colorado Springs
Greensides, Robert D; Colorado Springs
Gregory, Douglas P; Colorado Springs
Greiner, David J; Colorado Springs
Griffith, Dillard R; Colorado Springs
Groeger, Raymond J; Woodland Park
Guthrie, Michael B; Colorado Springs

Hahn, Robert W; Colorado Springs
Hall, J Michael; Colorado Springs
Hamilton, Robert S; Colorado Springs; Wetmore
Hamstra, Gerald A; Colorado Springs
Haney, Lawrence O; Colorado Springs
Hanson, J R; Colorado Springs
Harrison, Kenneth D; Colorado Springs
Hartl, Richard W; Colorado Springs
Hauser, Charles E; Colorado Springs
Hays, John C; Colorado Springs
Headley, David L; Colorado Springs
Heiberger, James T; Colorado Springs
Herriott, Michael; Colorado Springs
Hillman, John D; Colorado Springs
Hofflin, Jesse M; Colorado Springs
Hohengarten, John H; Colorado Springs
Hoke, Timothy E; Colorado Springs
Hornbaker, Charles L; Colorado Springs
Hoyle, Thomas C III; Colorado Springs
Huffman, David H; Colorado Springs
Hurley, Thomas J; Colorado Springs
Hutton, Connie C; Colorado Springs

Ingram, William L; Colorado Springs
Iwata, Samuel H; Colorado Springs

Jensen, Susan R; Colorado Springs
Jepson, Christian N; Colorado Springs
Johnson, Bennie S; Colorado Springs
Johnson, Thomas G; Fountain
Johnston, J Harvey; Green Valley AZ

Kendall, Ralph T; Colorado Springs
Kendall, Wayne F Jr; Colorado Springs; Monument
Kennedy, James R; Colorado Springs
Kennedy, Louis J; Colorado Springs
Kent, Robert H; Colorado Springs
Kerr, Richard K; Mesa AZ
Kersey, Dudley H; Colorado Springs
Kircher, Lorence T Jr; Colorado Springs
Kircher, Lorence T III; Colorado Springs
Kleiner, John P; Colorado Springs
Koehn, Gerard G; Colorado Springs
Kucera, John L; Colorado Springs
Kucinski, Chester S; Colorado Springs
Kuhlman, William K; Colorado Springs
Kunca, Kenneth B; Colorado Springs

Lain, Charles D; Colorado Springs
Landon, F Rodman; Colorado Springs
Lanmer, Craig W; Colorado Springs
Larkin, James M; Colorado Springs
Larson, Wallace K; Colorado Springs
Lavanway, James M; Colorado Springs
Lavoo, John W; Colorado Springs
Lawshe, Barry; Colorado Springs
Lee, Russell M; Colorado Springs
Lentini, Vincent C; Colorado Springs
Lerch, Andrea M; Colorado Springs
Lewis, Barton L; Colorado Springs
Lewis, Ted T; Colorado Springs
Liddle, Edward B Jr; Colorado Springs
Lince, Deborah M; Colorado Springs
Lindeman, George M; Colorado Springs
Little, Kenneth R; Colorado Springs
Lloyd, William E; Colorado Springs
Loehr, Richard E; Colorado Springs
Lovell, Kenneth R; Colorado Springs
Luebbert, Steven J; Colorado Springs
Lund, Cynthia J; Colorado Springs
Lynn, John T III; Colorado Springs

Mahony, Thomas H III; Colorado Springs
Markewich, Gary S; Colorado Springs
Marta, John A; Colorado Springs
Martz, David C; Colorado Springs
Matheson, George W; Colorado Springs
Matthews, David S; Colorado Springs
Maxwell, James H; Colorado Springs
Mayeda, Douglas V; Colorado Springs
McCarthy, Thomas T; Colorado Springs
McClellan, Charles W; Colorado Springs
McClure, Scott H; Colorado Springs
McColl, Harry A Jr; Colorado Springs
McCoy, James A; Colorado Springs
McCreery, Richard A; Colorado Springs
McCulloch, Alexander T Jr; Colorado Springs
McMahon, Charles D; Colorado Springs
McMullen, Craig T; Colorado Springs
McMullen, James W; Colorado Springs
McMullen, R Bard; Colorado Springs
McNally, Michael J; Colorado Springs
McWilliams, John E; Colorado Springs
Merkert, George L Jr; Colorado Springs
Messner, Milo L; Colorado Springs
Michael, Joyce E; Colorado Springs
Miller, E Eugene; Colorado Springs
Miller, Floyd J; Colorado Springs
Miller, J Brian; Colorado Springs
Mitchell, Orderia F; Colorado Springs
Modlin, Richard A; Colorado Springs
Moore, Gene H; Colorado Springs
Moore, Larry A; Colorado Springs
Moothart, Richard W; Colorado Springs
Mote, Paul S; Colorado Springs
Mrozek, John R; Colorado Springs
Munson, Wayne M; Colorado Springs
Munson, William A; Colorado Springs
Murphy, Alan R; Colorado Springs
Muth, John B; Colorado Springs
Myers, James M; Colorado Springs

Nash, Rex D; Colorado Springs
Nathan, Robert A; Colorado Springs
Needell, William M; Colorado Springs
Newcomer, John A; Colorado Springs
Nicks, Frank I Jr; Colorado Springs
Nielsen, Peter G; Colorado Springs
Noble, Michael J; Colorado Springs
Noblett, Deane L; Colorado Springs
Norfleet, Larry B; Colorado Springs
Norton, John D; Colorado Springs
Nusca, Margaret T; Monument

O'Donnell, James J; Colorado Springs
O'Donnell, Sean C; Colorado Springs
O'Rourke, P Terrence; Colorado Springs
Oliveira, Mario M; Colorado Springs
Olivier, Brian D; Colorado Springs
Olson, Neiland R; Colorado Springs
Olvey, Stuart K; Colorado Springs
Oram-Smith, Jeffrey C; Colorado Springs

Paap, Jack I; Colorado Springs
Partington, Cyrus W; Colorado Springs
Pence, Tom K; Colorado Springs
Perrott, Walter W III; Colorado Springs
Perry, Carmel P; Colorado Springs
Peters, Bruce H; Colorado Springs
Peterson, Richard I; Colorado Springs
Phelps, Dennis A; Colorado Springs
Pick, Melvin M; Colorado Springs
Pierce, Alson F; Peyton
Pise, Gerald J; Colorado Springs
Pitman, William M; Colorado Springs
Platz, Victor; Colorado Springs
Poliakoff, Claude S; Colorado Springs
Pollard, Joseph S Jr; Colorado Springs
Pollock, Caryl J; Colorado Springs
Presti, Matthew; Colorado Springs
Price, Richard A; Colorado Springs
Pruitt, J C; Colorado Springs

Rainey, Rhett K; Colorado Springs
Ramey, Ralph Jr; Colorado Springs
Randono, John J; Colorado Springs
Ranzenberger, Steven S; Colorado Springs
Rapp, Alan D; Colorado Springs
Ravin, Sheldon J; Colorado Springs
Rees, James M; Colorado Springs
Reeves, Robert H; Colorado Springs
Reich, Laura M; Colorado Springs
Reimers, Bruce L; Colorado Springs
Reynolds, Judith U; Colorado Springs
Richeaux, Kenneth A; Colorado Springs
Roberts, Jerry R; Colorado Springs
Roesler, Paul J; Colorado Springs
Rogers, William F; Colorado Springs
Romett, J Lewis; Colorado Springs
Rose, Cynthia; Colorado Springs
Rothhammer, Amilu S; Colorado Springs
Rubinow, Sidney D; Colorado Springs
Rubinson, Samuel M; Colorado Springs
Ruggles, Charles W; Colorado Springs
Ryder, William H; Colorado Springs

Salata, John R; Colorado Springs
Sampson, John J; Colorado Springs
Sayre, Robert L; Colorado Springs
Schiller, John E; Colorado Springs
Schmidt, Philip M; Colorado Springs
Schmitt, Edward A; Colorado Springs
Schmitt, Henry J Jr; Colorado Springs
Schutt, Robert C Jr; Colorado Springs
Schwab, Irving H; Colorado Springs
Sciotto, Cosimo G; Colorado Springs
Seagraves, Mary A; Colorado Springs
Sealy, David P; Colorado Springs
Sellers, Dilworth P; Colorado Springs
Service, William C; Colorado Springs
Seybold, William R; Colorado Springs
Shahzadi, Mehrbanoo (Mary); Colorado Springs
Shallow, James T; Colorado Springs
Sherwin, Richard M; Colorado Springs
Sherwood, Clifford; Colorado Springs
Shoemaker, Larry D; Colorado Springs; Monument
Shonk, John J Jr; Colorado Springs
Shoptaugh, A Glenn Jr; Colorado Springs
Short, William F; Colorado Springs
Silver, Gordon S; Colorado Springs
Simerville, James J; Colorado Springs
Sims, John A; Colorado Springs
Skiles, Trudy A; Colorado Springs
Smith, James G Jr; Colorado Springs
Smith, Raymond H; Colorado Springs
Smith, Robert H; Colorado Springs
Solomon, Maurice C; Colorado Springs
Spangler, Michael W; Colorado Springs
Spaulding, Duane R; Colorado Springs
Speirs, Alfred C; Colorado Springs
Stafford, Robert M; Colorado Springs
Stecker, Raymond H; Colorado Springs
Stein, Gerald S; Colorado Springs
Stienmier, Richard H; Colorado Springs
Storms, William W; Colorado Springs
Strandberg, Donald A; Colorado Springs
Stringer, Theodore L; Colorado Springs
Stringfellow, Roy C Jr; Colorado Springs
Struck, Teresa H; Colorado Springs
Swain, Robert B; Colorado Springs
Sweeney, James P; Colorado Springs
Szvetecz, Frank C; Colorado Springs

Tedeschi, John P; Colorado Springs
Telatnik, Stephen C; Colorado Springs
Thatcher, D B; Colorado Springs
Thayer, Kent H Jr; Colorado Springs
Thompson, Michael K; Colorado Springs
Tietz, Gregory C; Colorado Springs
Townsley, Harry E; Colorado Springs
Trousdale, William E; Colorado Springs
Tulin, Christopher N; Colorado Springs
Tuxworth, Frank E; Colorado Springs

Vanderhoof, Richard C; Colorado Springs
Varnum, Robert C; Colorado Springs
Vickers, C William; Colorado Springs
VonMinden, Milton C Jr; Colorado Springs
Voy, Robert O; Colorado Springs

Wahl, Ray L Jr; Colorado Springs
Waldron, C Milton; Colorado Springs
Walker, Ian G; Colorado Springs
Walker, Ronald E; Colorado Springs
Wall, Paul M; Colorado Springs
Wall, Richard A; Colorado Springs
Watts, Walter H; Security
Watz, Hallet N; Colorado Springs
Webb, Charles W; Colorado Springs
Weller, William J; Colorado Springs
Wenham, Richard P; Colorado Springs
Weston, Jonathon P; Colorado Springs
Wetzig, Carl K; Colorado Springs
Wetzig, Paul C; Colorado Springs
Wetzig, Richard P; Colorado Springs
Whittington, Brien J; Colorado Springs
Wiggins, Milton L; Colorado Springs
Williams, C Rex; Colorado Springs
Williams, Clyde H III; Colorado Springs
Williams, Lester L; Colorado Springs
Winans, Robert E; Monument
Winchester, Paul D; Colorado Springs
Wolfson, Robert N; Colorado Springs
Wong, Bert Y; Colorado Springs
Wood, Edward H; Colorado Springs
Wooddell, W Jeff; Colorado Springs
Yee, Edward S; Colorado Springs
Young, L David; Colorado Springs

Zimmer, James A; Security
Zimmerman, Robert L; Colorado Springs
Zinn, Charles J; Colorado Springs

FREMONT COUNTY

Banker, Michael W; Canon City
Barnard, Michael D; Canon City
Black, William L; Canon City; Colorado Springs
Bruffy, James L; Canon City
Buglewicz, John V; Florence

Christensen, Robert W Jr; Canon City
Christie, George C; Canon City

Fox, John E; Penrose

Gamache, Peter J; Florence
Grabow, Henry C; Canon City
Greenlee, Lynn F; Canon City

Harris, Charles H; Canon City
Hildebrand, Jan S; Canon City

Jacobs, Madeleine; Penrose

Ley, Eugene B; Canon City

McGarry, Joseph T; Florence
McKinney, Gary E; Canon City
Miller, John L; Canon City
Miller, Katherine M; Canon City
Mohr, Gary Alan; Canon City

Page, Donald F; Canon City
Potter, Donald E; Canon City

Ritchie, Darvin R; Canon City
Ritchie, Gary L; Canon City
Roller, Lothar K; Canon City

Sindler, Marc A; Canon City

Tracy, Herbert A; Canon City
Twellman, Dorothy J; Canon City

Vincent, Jack F; Canon City

HONORARY

Derry, Donald G; Colorado Springs

Hendee, William R; Chicago IL
Hites, James D; Fort Collins

Palmer, Walter Lincoln; Chicago IL

Schwarz, M Roy; Chicago IL
Sethman, Harvey T; Denver

Wood, Lawrence; Denver

HUERFANO COUNTY

Vialpando, Arthur B; Walsenburg
Villalon, Joseph H; Walsenburg

INTERMOUNTAIN

Bachman, James J; Frisco
Bevan, William A Jr; Vail; Eagle-Vail
Brooks, Laurence W; Vail; Edwards

Chipman, Leon D; Vail; Avon
Chow, Franklin S; Vail; Eagle-Vail
Coleman, Donald L; Breckenridge

Dooher, Gerald R; Vail

Feeney, Jonathan C; Vail; Eagle-Vail
Flora, Mark S; Frisco; Dillon
Freedman, Philip E; Vail

Gerner, Robert E; Vail
Gottlieb, John E; Vail

Janes, Peter C; Vail; Avon

Lackey, Charles W; Frisco
Lumnitz, Janice S; Eagle

Morley, Alexander K III; Frisco
Mullinaux, Ernest B; Aurora

Nevison, Thomas O; Denver

Paul, David H; Vail
Petrie, Kent Alan; Vail

Steinberg, Thomas I; Vail
Stephens, Mark R; Vail

Woodland, John B; Lafayette; Boulder

Yarberry, Steven A; Vail; Avon

LA PLATA COUNTY

Bardin, Billy J; Durango
Boyd, John A K; Durango
Buslee, Roger M; Durango
Butler, Harrison G III; Durango

Callaway, Sam E; Durango
Carnes, Marion M; Durango
Cartier, John W; Durango
Castle, Everett R; Durango; Tucson AZ
Copeland, Lynn R; Durango
Crue, Benjamin L Jr; Durango
Cullum, Lawrence M; Durango

Davidson, A Marie; Durango
Deaver, David C III; Durango
Deterding, Karl T; Durango

Edgerton, J Craig; Durango

Furry, Dean L; Durango
Furze, James M; Durango

Gaughan, Lawrence J; Durango
Gerstenberger, Patrick D; Durango
Glann, Alan S; Durango
Grenoble, David C; Durango
Grossman, Richard A; Durango

Halley, Tullius W; Durango
Harrison, Judith A; Durango
Heller, Henry M; Durango
Hillmer, Barry; Durango

Jernigan, Randal F; Durango
Johnson, Stephen M; Durango
Johnson, Vaughn A; Durango

Kehmeier, Dean F; Durango
Kiracofe, H Louden; Durango
Krauser, William J; Durango

Lloyd, Leo W; Durango
Luter, Patrick W; Durango

Morse, Jeffrey M; Durango
Murphy, Joseph M; Durango

Phillips, Alfred M; Pagosa Springs
Pirnat, Martin P; Durango
Pratt, Thomas C; Durango

Rappe, Donald L; Durango
Ruggera, Gary C; Durango

Schultz, Randall R; Durango
Scott, Gary A; Durango
Swanson, Robert L; Durango

Walters, Mark R; Durango
Whitehurst, Fred O; Durango
Wienpahl, Mark; Pagosa Springs
Wigton, Chester M; Durango
Winder, Denis J; Durango

LAKE COUNTY

Callen, Wayne L; Leadville

Field, Clifford; Leadville

LaBaw, Wallace L; Denver

Perna, John L; Leadville

LARIMER COUNTY

Abbey, David M; Fort Collins
Abbey, William S; Fort Collins
Allen, David K; Fort Collins
Allen, Patrick C; Loveland
Allen, Thomas J; Loveland
Anderson, N Paul E; Estes Park
Anderson, William E Jr; Loveland
Arndt, Donald A; Berthoud
Ashbach, Nancy W; Loveland

Bachus, Nelson E; Fort Collins
Bailey, Austin G Jr; Fort Collins
Basow, William M; Fort Collins
Baumgartel, Earl D; Loveland
Beard, Donald Y; Fort Collins
Bender, Edward L; Fort Collins
Bermingham, Roger P; Fort Collins
Berns, Barry R; Windsor; Fort Collins
Bliss, Robert J Sr; Fort Collins
Boehlke, Russell R; Fort Collins
Booth, Richard R; Fort Collins
Boyle, Kevin J; Littleton; Loveland
Bruns, Thomas; Loveland
Burnham, Linda A; Fort Collins
Bush, James F; Fort Collins
Carlson, Hillis G; Fort Collins
Carroll, Charles A; Fort Collins
Chase, Jerry A; Loveland
Chiavetta, Thomas G; Fort Collins
Childers, Marvin A III; Loveland
Christon, Margaret A; Fort Collins
Clemens, Orrie G; Loveland
Cloyd, David G; Fort Collins
Cochran, Thomas S Jr; Fort Collins
Codd, Richard L; Fort Collins
Collins, Jerome S; Loveland
Collins, Thomas J; La Porte; Fort Collins
Compton, James F; Fort Collins
Conlon, Robert M; Fort Collins
Cook, Roger P; Fort Collins
Cranor, John D; Fort Collins
Cronin, John C; Fort Collins
Culver, William G; Loveland
Curiel, Michael P; Fort Collins
Curtis, Kenneth W Jr; Fort Collins

Danforth, James C; Loveland
Dappen, Robert W; Fort Collins
Davidson, James E; Fort Collins
Decker, John T; Fort Collins
DeYoung, M T; Fort Collins; Livermore
Dieringer, Thomas M; Fort Collins
Donnelley, Beverly E; Fort Collins
Dudzinski, Paul J; Fort Collins
Duhon, Samuel C Sr; Fort Collins; Boulder
Duncan, Diane; Lubbock TX; Fort Collins
Duncan, Kenneth H; Fort Collins
Dupper, Harold H; Fort Collins

Edwards, Robert A; Loveland
Elliott, Max A; Fort Collins
Ellis, Robert H; Fort Collins
Elo, Denis R; Loveland
Englert, Thomas L; Loveland
Englund, Garth W; Fort Collins
Ezell, William W; Fort Collins

Fangman, Michael P; Fort Collins
Fickel, Helen F; Berthoud
Fisher, Thomas C; Fort Collins
Fonken, H A; Fort Collins
Frickman, Carl E; Loveland

Gale, Scott A Jr; Fort Collins
Geppert, Margo J; Fort Collins
Giansiracusa, Richard F; Loveland
Gillespie, Elizabeth J; Fort Collins
Golub, Daniel E; Fort Collins
Gordon, Lee; Fort Collins
Graf, Paula; Fort Collins
Granston, Laurence A; Fort Collins
Grant, Lee B Jr; Fort Collins
Graves, Cheryl K; Fort Collins
Grosboll, Ashley N; Loveland
Grosboll, Edward E; Loveland
Grosboll, Robert N; Loveland
Gunstream, Stanley R; Fort Collins

Hailey, Mark A; Loveland
Hamm, Robert M; Loveland; Fort Collins
Hammond, Richard O; Fort Collins
Harling, Mallory T; Fort Collins
Harper, Barry K; Fort Collins
Harvey, John S Jr; Fort Collins
Haygood, Thomas A; Fort Collins
Henson, Stanley W Jr; Fort Collins

Hoffman, James F; Fort Collins
Hoffman, James F Jr; Fort Collins
Hohm, Richard A; Fort Collins
Homburg, Robert C; Fort Collins
Honea, Bertrand N III; Laramie WY
Horstman, James K; Fort Collins
Howard, Earle T; Loveland
Humphrey, Fred A; Fort Collins
Humphrey, Robert N; Fort Collins

James, Warren K; Fort Collins
Jeffrey, Ransy L; Fort Collins
Jinich, Daniel B; Fort Collins
Jobin, Michael J; Loveland; Denver
Johnson, Richard W; Fort Collins
Johnson, Robert V; Fort Collins
Jones, William A; Fort Collins
Justin, Ingrid M; Fort Collins
Justin, Renate G; Fort Collins

Kaiser, Dale C; Fort Collins
Kasenberg, Thomas P; Loveland
Kesler, Kelvin F; Fort Collins
Kieft, Larry D; Fort Collins

Larson, Dennis G; Fort Collins
Lawton, Susan; Fort Collins
Layman, Richard J; Fort Collins
Lillis, Patrick J; Loveland
Lopez, William Jr; Fort Collins
LoSasso, Carl J; Fort Collins
Luckasen, Gary J; Fort Collins
Ludwin, Gary A; Fort Collins
Luttenegger, Thomas J; Fort Collins

Magsamen, B F; Fort Collins
Maloney, John D; Fort Collins
Martin, Eva; Fort Collins
Mays, James M; Fort Collins
McElwee, Hugh P; Fort Collins
McGinnis, James G; Fort Collins
McLain, Phil C III; Estes Park
Mead, Daina C; Fort Collins
Mercer, Jeannette Y; Windsor
Merkel, Lawrence A; Fort Collins
Milano, William J; Loveland
Miller, Burdette L; Estes Park
Morgan, Alma R; Fort Collins
Morrell, Robert M; Sun City AZ
Motl, John M; Fort Collins
Murphy, Lawrence E; Fort Collins
Murray, Douglas M; Fort Collins
Murray, Garvin C; Loveland
Murthy, Krishna C; Fort Collins

Nemeth, Clifford J; Loveland
Nevrivy, Thomas; Fort Collins
Newlin, Carol M; Fort Collins
Nichol, Thomas W; Estes Park
Norrie, Thomas K; Fort Collins
Norris, Andrew M; Fort Collins

O'Neill, John J; Fort Collins
Olsen, Gerald M; Fort Collins
Otteman, Merlin G; Fort Collins

Parker, John T; Fort Collins; Westminster
Pashkow, Fredric J; Loveland
Patterson, Robert B; Loveland
Patterson, Stuart A; Fort Collins
Pfeifer, Lyle M; Fort Collins
Phillips, George H; Loveland
Porter, Bruce M; Fort Collins
Preble, Parker E; Fort Collins

Rechnitz, Gary D; Fort Collins
Reents, William J; Loveland
Reid, John H; Fort Collins
Repert, William B; Fort Collins
Roark, Richard D; Fort Collins
Rollins, Donald R; Loveland
Rule, Ingrid K; Loveland; Fort Collins
Rumley, A S; Fort Collins
Rumley, Ruth Jones; Fort Collins

Sable, David L; Fort Collins
Sadler, Jackson L; Fort Collins
Salimbeni, Julio C; Fort Collins
Sands, Arthur C; Fort Collins
Sayers, C Paul; Fort Collins
Schafer, Donald R; Loveland
Schmidt, Robert L; Delano CA
Seeton, James F; Fort Collins
Shachtman, William A; Fort Collins
Sherwood, Robert W; Fort Collins
Short, Rande K; Durango
Simmons, Robert A; Fort Collins
Singer, Charles J; Fort Collins
Smith, Bruce M; Fort Collins
Smith, Drew H; Fort Collins; Edwards
Smith, Jerome I; Fort Collins
Smith, Kirk M; Fort Collins
Snodderley, Paul L; Fort Collins
Sobel, Roger M; Fort Collins
Sperry, Corydon S Jr; Fort Collins
Standard, Peter J; Fort Collins
Stephens, Floyd V Jr; Fort Collins
Stevens, William W III; Fort Collins
Stoddard, Andrew P; Fort Collins
Sunthanker, Lena (Shivalina); Fort Collins

Tartaglia, Louis Jr; Loveland
Tello, Robert J; Loveland
Thieman, William J; Fort Collins
Thieszen, Milford E; Fort Collins
Thode, Henry P Jr; Fort Collins
Thornton, William R; Fort Collins
Thorson, Steven J; Fort Collins
Tippin, Steven B; Fort Collins
Tramp, Paul E; Loveland
Turner, Daniel T; Fort Collins; Greeley
Turner, Donn M; Fort Collins
Tutt, George O Jr; Fort Collins

Unfug, Harry V; Fort Collins
Updegraff, Jeffrey G; Fort Collins

Valley, George E; Fort Collins
Vanderschouw, Martin G; Fort Collins
Vedanthan, P K; Fort Collins
Voiles, J David; Fort Collins
Voss, Richard G; Fort Collins

Waggener, William J; Loveland; Denver
Warson, James S; Fort Collins
Weber, Susan J A; Loveland
Weil, Lawrence J; Fort Collins
Wells, Donald B; Fort Collins
Wera, Thomas J; Fort Collins
West, B Lynn; Fort Collins
Williams, Dallas D; Loveland
Williams, Linda L; Fort Collins
Wirt, Timothy C; Fort Collins
Wise, James K; Fort Collins
Woods, Susan E; Fort Collins

Yemm, Stephen J; Fort Collins

LAS ANIMAS COUNTY

Fabec, Sally L; Trinidad
Ferrell, Donald P; Trinidad

Jimenez, Guilebaldo E; Trinidad
Jimenez, Joseph P; Trinidad

McFarland, Douglas M; Trinidad

Quimby, Robert L; Walsenburg

Spokas, Frank J Jr; Trinidad

MESA COUNTY

Alkes, Ivan S; Grand Junction
Axthelm, Stephen C; Grand Junction

Barbero, J Fred; Grand Junction
Beaver, William C; Grand Junction
Bechtel, Joel J; Grand Junction
Blakely, Charles A; Grand Junction
Bonnet, Carol G; Grand Junction
Bull, Heman R; Grand Junction
Bull, Malcolm I; Grand Junction
Burnbaum, Mitchell D; Grand Junction
Burns, Dorr H; Grand Junction
Burrow, Maida L; Grand Junction
Bush, Jerry O; Grand Junction

Cameron, Mercedes E; Grand Junction
Clark, Darrel Christian; Grand Junction
Copeland, M Larry; Grand Junction
Crumbaker, Victor A; Grand Junction

Dean, Joel M; Grand Junction
Degener, David F; Grand Junction
Dietel, David H; Grand Junction
Dirks, David W; Grand Junction
Doran, John H; Fruita
Dreher, William H; Grand Junction
Duffey, Daniel J; Grand Junction
Duke, William F; Grand Junction
Duncan, Lester S; Grand Junction
Dunn, James R; Grand Junction

Elliott, Robert J; Grand Junction

Fawcett, Ronald A; Grand Junction; Fruita
Findlay, William A; Grand Junction
Fisher, David P; Grand Junction
Fox, Robert H; Grand Junction
Fritz, Thomas J; Grand Junction
Fulton, Richard E; Grand Junction

Gabelman, Omer P; Grand Junction; Kennewick WA
Gardner, Steven M; Grand Junction
Gilman, Neal J; Grand Junction
Golter, Lee B; Grand Junction
Gould, Arch H; Grand Junction

Hackett, Robert D; Grand Junction
Hall, Oliver E K; Grand Junction
Hall, Robert F; Grand Junction
Hanna, Robert S; Grand Junction

Hartshorn, Denzel F; Grand Junction
Herr, David S; Grand Junction
Heuscher, Enno F; Grand Junction
Holmes, Joshua J; Grand Junction
Huskey, Harlan B; Fruita; Grand Junction

Irvin, Lewis A; Grand Junction

James, Lynn A; Grand Junction
Janson, Richard A; Grand Junction
Johnson, F Bing; Grand Junction
Jones, Paul B; Grand Junction

Kareus, Leslie G; Grand Junction
Kearns, Roy E; Grand Junction
Keely, Marjorie L; Grand Junction
Kelley, William A; Grand Junction
Kempers, Glenn R; Grand Junction
Kingston, Richard A; Grand Junction
Klein, M G; Grand Junction
Knockendoffel, Richard A; Grand Junction

Lepisto, Carl A; Grand Junction
Linnemeyer, Robert F; Grand Junction
Long, Aaron D; Grand Junction

Maclean, James E; Grand Junction
Madsen, Mark C; Grand Junction
Magee, Archie E; Grand Junction
Magraw, Bronwen J; Palisade
Marasco, Paul B; Grand Junction
Maruca, Joseph; Grand Junction
Matchett, Kenneth M Jr; Grand Junction
Mayer, David M; Grand Junction
McDaniel, David B; Grand Junction
McFadden, Donna L; Grand Junction
Meacham, Stephen R; Grand Junction
Meason, Thomas M Jr; Grand Junction
Merkel, William D; Grand Junction
Merrill, Joseph G; Grand Junction
Miller, Thomas E; Grand Junction
Mohler, Philip J; Grand Junction
Moran, Patrick G; Grand Junction

Nakano, Jeffrey M; Grand Junction
Novak, Deborah W; Grand Junction

Orr, Edwin R; Fruita

Pacini, Donald R; Grand Junction
Paquette, Frederick R; Grand Junction
Parker, Joseph J Jr; Grand Junction
Patterson, William R; Grand Junction
Patz, David S; Grand Junction
Petersen, Warren A; Grand Junction
Pinson, Ronald C; Grand Junction
Piper, James C; Grand Junction

Rashleigh, Perry L; Grand Junction
Raso, Roland A; Grand Junction
Reed, William L; Grand Junction
Ross, James R; Grand Junction
Roy, Charles E; Grand Junction
Ruybal, Jacob A Jr; Grand Junction

Saccomanno, Geno; Grand Junction
Sadler, Theodore R Jr; Grand Junction
Scott, William A; Grand Junction
Shanks, W George; Grand Junction
Shenk, Douglas C; Grand Junction
Shenkel, Roger C; Grand Junction
Sillix, Patrick A; Grand Junction
Simons, Kenneth M; Grand Junction
Simpson, George R; Grand Junction
Smith, David F; Grand Junction
Smith, G Paul; Grand Junction
Smith, Ronald E; Grand Junction
Smith, Verne A; Grand Junction
Snyder, Gary L; Grand Junction
Soper, Harriette C; Grand Junction
Spoering, Craig A; Grand Junction
Stevenson, Chester P; Grand Junction
Stidham, Paul B; Grand Junction
Stiefler, Richard E; Grand Junction

Thomas, B Lewis Jr; Grand Junction
Tice, Larry D; Grand Junction
Towner, Thomas G; Grand Junction
Troy, Richard E; Grand Junction
Tupper, Harvey M; Grand Junction

Utt, J Dale; Grand Junction

VanHardenbroek, Mechteld; Grand Junction

Waldrop, William L; Grand Junction
Wanebo, C K; Grand Junction
Ward, Bruce A; Grand Junction
Webel, Jacob; Grand Junction
Weintraub, Richard M; Grand Junction; Aspen
West, David M; Grand Junction
Wilson, Ben J; Phoenix AZ
Wilson, Bruce H; Grand Junction

MONTEZUMA COUNTY

Aikin, Kent R; Mancos

Bostrom, Paul D; Dolores; Cortez
Britton, Kent R; Cortez

Cain, Leonard W; Cortez; Dolores

Davis, Telford A; Bayfield; Durango
Doneskey, Paul W; Cortez
Dovgan, Samo J; Cortez

Fleming, Thomas C; Cortez
Frye, Jearl F; Cortez; Delores

Gildersleeve, Robert G; Cortez
Griebel, Gerald W; Cortez

Heyl, Robert A; Cortez; Mancos
Howe, Gerald E; Cortez

Merritt, Edward G; Dolores; Cortez

Robichaux, Val; Cortez; Durango

Willis, Thomas M; Cortez

MORGAN COUNTY

Collins, John A; Fort Morgan

Goodman, Edward H; Brush; Fort Morgan

Houghan, Charles R; Fort Morgan

Jackson, Ham; Fort Morgan

Kruglet, Donald G; Fort Morgan
Kulp, Robert L; Brush

Lindell, Kevin V; Fort Morgan

Mellinger, William J; Fort Morgan
Miller, James A; Fort Morgan

Overturf, Bruce R; Fort Morgan

Palu, Margaret E; Fort Morgan

Richards, Robert B; Fort Morgan

Thompson, Patrick L; Fort Morgan

Wolz, John F; Fort Morgan
Woodward, Paul E; Fort Morgan

MT. EVANS

Allbright, James R; Conifer

Brechner, Ross J; Evergreen
Buchwald, Fred; Evergreen

Cook, Boyd W; Conifer
Cooper, Bruce D; Evergreen

Jendry, Ronald J; Evergreen; Conifer

Kutalek, Kenneth J; Evergreen

Linn, David D; Conifer

Miller, Wayne A; Denver; Evergreen
Moyer, John P; Evergreen

Santaguida, Rik; Idaho Springs; Evergreen
Seydel, Frederick K; Evergreen; Denver
Syzek, Thomas E; Conifer; Bailey

Walters, Vernon W; Evergreen
White, Eric A; Denver
Wiggins, Roger G; Evergreen
Witwer, John P; Denver; Evergreen

MT. SOPRIS COUNTY

Artist, Ricky L; Rifle
Ayers, Joseph S; Aspen

Berkeley, Michael E; Aspen
Brokering, Harry R; Glenwood Springs
Burgert, Paul H; Glenwood Springs
Burke, James M; Aspen; Snowmass Village

Caskey, Jack B Jr; Aspen
Clifford, Robert K; Vista CA

Derkash, Robert S; Glenwood Springs
DeYoung, Roland W; Glenwood Springs

Feinsinger, Greg; Glenwood Springs
Freeman, John R; Aspen

Gaddis, Kenneth A; Glenwood Springs
Glismann, John P; Aspen

Haskins, R Scott; Rifle
Herrington, Richard A; Carbondale
Hostettler, David P; Glenwood Springs

Hund, Frederick W; Glenwood Springs; Carbondale

Johnson, Bernarr B; Carbondale

Knaus, Gary D; Carbondale
Krueger, Albert R; Meeker

LeBlanc, Randy D; Meeker
Lippman, Bruce D; Glenwood Springs

Maggiore, John R; Glenwood Springs
Martin, Travis W; Vail
Mason, Ronal B; Glenwood Springs
Mink, Barry D; Aspen
Morton, G Thomas; Glenwood Springs

Nelson, Kathryn J; Carbondale
Nutting, Burtis E; Glenwood Springs
Nystrom, John S; Glenwood Springs

O'Donnell, James A; Glenwood Springs
Oakes, Frederick C Jr; Glenwood Springs
Oden, Robert R; Aspen
Olson, Laurel M; Aspen

Painter, M Ray Jr; Glenwood Springs
Platt, Teresa L; Glenwood Springs
Protas, Jacob M; Aspen
Purnell, Mark L; Aspen

Rodriguez, Jose L; Glenwood Springs

Saliman, Alan E; Glenwood Springs
Salmen, Paul A; Glenwood Springs
Schiller, Carl F; Aspen
Schultz, Linda M; Glenwood Springs
Schwartz, Arthur A; Aspen
Schwartz, Kenneth A; Rifle
Smith, Royal A; Glenwood Springs
Steinbrecher, Jerry S; Glenwood Springs
Stirman, Jerry A; Glenwood Springs

Tomasso, Gerard I; Glenwood Springs

Watson, Edward R; Aspen
Weaver, James K; Glenwood Springs
Weitzenkorn, Dan E; Glenwood Springs
Whitcomb, Harold C Jr; Aspen

Yajko, R Douglas; Glenwood Springs

NORTHEAST COLORADO

Anderson, W Richard; Sterling

Buchanan, William S; Sterling

Chesnut, Myrlen E; Holyoke
Clark, Curtis C; Sterling
Clark, D J; Sun City CA

Dowis, Gaylord M; Sterling

Elliff, John E; Sterling

Fillion, Robert J; Sterling

Genskow, Gordon L; Sterling

Kilpatrick, David M; Sterling
Kimball, N Curtis; Sterling

Laforce, Richard F; Sterling
LaForce, William R; Sterling
Lamb, Richard C; Sterling
Ley, James W; Haxtun
Lopez, Edward M; Sterling
Lopez-Samayoa, Omar E; Julesburg
Lundgren, John C; Julesburg

Mackey, Jack L; Sterling
Maercklein, Wallace W; Evergreen
McKnight, James H Jr; Sterling

Ollhoff, Harold J; Sterling

Pickard, Thomas M; Sterling
Pohlman, Floyd H; Sterling

Regier, Donald D; Julesburg

Schiefen, James C; Imperial NE
Schmalhorst, Brian K; Haxtun
Stahl, Larry G; Sterling

Tennant, Edward E; Casper WY

VanSchooneveld, Craig H; Sterling

Wagner, Kay E; Sterling

Zimmerman, Dudley C; Sterling

NORTHWESTERN COLORADO

Arnold, Andrew L; Winter Park; Tabernash

Bock, George W; Craig
Bookman, Lawrence B; Steamboat Springs
Bowen, G Scott; Steamboat Springs

Callaghan, Rachel J; Steamboat Springs

Dudley, James R; Steamboat Springs

France, David W Jr; Walden

Grossman, Terry A; Granby

Hollar, Gregory F; Craig
Huffmire, Andre J; Craig

James, David R; Craig

Lowe, Walter R; Steamboat Springs

Malburg, Bernard J; Craig
Monahan, E P Jr; Craig

Post, Lawrence T; Craig; Hamilton
Price, Vernon H; Steamboat Springs

Reishus, Allan D; Craig

Smilkstein, Daniel H; Steamboat Springs

Told, Thomas N; Craig
Tomlin, Donald D; Steamboat Springs
Tworoger, Fred A; Fraser

Williams, David M; Steamboat Springs

OTERO COUNTY

Acuna-Narvaez, Perlita; La Junta

Baumgartner, Robert B; La Junta
Berg, Mary J; Ordway

Calonge, Guy D; La Junta
Clapp, Harry W; Ordway
Cummings, Daniel C; La Junta

Davis, Richard L; La Junta

Freund, B William; La Junta

Gay, Kent E; La Junta

Hofmann, Rudolf A; La Junta
Holm, William A; La Junta
Hunter, Carol A; Fort Lyon

Knaus, Kendal C; La Junta

Martin, Theodore E; Rocky Ford
McDonnel, Gerald E; Fowler

Narvaez, Roger W; La Junta

Rayburn, Charles R Jr; La Junta
Roberts, Emil L; Pueblo; Fowler

Sampson, Lloyd S; Las Animas
Satt, James M; Rocky Ford
Schmucker, Marion L; La Junta
Shand, J Alan; La Junta
Stabler, Lairie O; La Junta
Stutzman, Howard E; La Junta

Vandiver, G H; La Junta

Weber, Clayton C; La Junta
Wight, Willard R; Las Animas

Yoder, Paul T; La Junta

PUEBLO COUNTY

Absher, William K; Pueblo
Ackerly, Roscoe H; Pueblo
Adams, Francis S Jr; Pueblo
Affleck, Ty P; Pueblo
Alessi, John R; Pueblo
Alsever, Robert N; Pueblo
Anaya, Lawrence C; Pueblo
Anselm, Klaus; Pueblo; Beulah
Arnot, Charles W; Pueblo
Aschenbrener, Pamela; Pueblo
Austin, Lawrence E; Pueblo

Bagale, Elia J; Pueblo
Baitlon, Domingo; Pueblo
Balizet, Louis B; Pueblo
Ball, Michael E; Pueblo
Bartecchi, Carl E; Pueblo
Bartley, Thomas D; Pueblo
Bedard, Charles H; Pueblo
Bennett, Dana R; Pueblo
Birner, W Frederic; Pueblo
Bloor, Robert J; Pueblo West
Bonney, Charles S; Pueblo
Boucher, Wesley W; Pueblo

Bramer, Clifford F; Laguna Niguel CA; Pueblo
Brown, Stephen T III; Pueblo
Byers, Richard H Jr; Monte Vista

Cabiling, L C Jr; Pueblo
Campbell, Velma L; Pueblo
Campbell, W MacRae; Pueblo
Capek, Richard B Sr; Pueblo
Childers, Stanley G; Pueblo
Chimento, James J; Pueblo
Cichon, J Valentine; Pueblo
Clark, Dumont F; Pueblo
Clifford, Michael E; Pueblo
Clutter, Joseph S; Pueblo
Courtright, Anne C; Pueblo
Courtright, Claiborne L; Pueblo
Crawford, James W; Pueblo
Crosson, David L; Pueblo
Cullen, Michael L; Pueblo
Curry, Vernell W; Pueblo

Dardis, Walter T; Pueblo
Daven, Joel R; Pueblo
Demshki, Andrew E Jr; Pueblo
Dernovsek, Kenneth D; Pueblo
Dernovsek, Kim K; Pueblo
Dickson, Robert P; Pueblo
Drake, Robert L; Pueblo

Eifert, Earl D; Pueblo
Ewing, Wyman F; Pueblo

Farabaugh, Leonard J; Pueblo
Fitzgerald, Thomas J; Pueblo
Fouts, Terry L; Pueblo
Fowler, James B; Pueblo
Frost, Harold M Jr; Pueblo

Gaide, Thomas K; Pueblo
Garcia, Elizabeth M; Antonito; Alamosa
Gardner, John W; Pueblo
Gerber, Milo P; Pueblo
Gist, Wallace W; Pueblo
Golladay, Donald E; Trinidad
Grossman, Daniel R; Pueblo

Halprin, Arthur H; Pueblo; Beulah
Hamill, Richard G; Pueblo
Hanson, Charles A; Pueblo; Beulah
Hanson, Michael W; Pueblo
Hasan, Malik M; Pueblo
Hawlick, Garfield F; Lincoln NE
Hayhurst, Dale W; Pueblo
Herrington, Alan G; Pueblo
Hicks, Bernard L; Pueblo
Hogenkamp, Jon M; Pueblo
Hopkins, William G; Pueblo
Hoyer, Louis R Jr; Pueblo
Hoyle, Clifford L; Pueblo
Hulet, Brett L; Pueblo
Hurley, Grant W; Pueblo

Jarrett, Michael B; Pueblo
Jensen, Laurence G; Pueblo
Johnson, Bruce M; Pueblo
Johnson, Steven M; Pueblo

Kelley, Ralph L; Pueblo
Khan, Iqbal S; Pueblo
Khosla, Rakesh K; Pueblo
King, Michael L; Pueblo
Kirk, Jude J; Pueblo
Koons, Dexter D; Pueblo
Kort, Haydee C; Pueblo
Krause, David C; Pueblo
Kulik, Janice E; Pueblo
Kuna, Gupta B; Pueblo

Laman, Muryl L; Pueblo
LaMotte, Gary A; Pueblo
Lawrence, Richard A; Pueblo
Licona, Virgilio; Pueblo
Light, Ruth L; Pueblo; Colorado Springs
Luebke, Donald C; Pueblo

Mackey, Winona R; Pueblo; Colorado Springs
Marsh, Stuart G; Pueblo
Martinez, Benjamin; Pueblo
Massey, Benjamin H; Pueblo
Mastro, Edward R; Pueblo
McBurney, James W; Pueblo; Sun City West AZ
McCaffrey, Paul P; Pueblo
McCanless, James W; Pueblo
McClung, Harvey W; Pueblo
McIlroy, Richard H Sr; Pueblo
McKinnon, George E; Pueblo
Meeuwsen, James W; Pueblo
Mehta, Uday K; Pueblo
Michailov, Dimiter V; Pueblo
Miller, Roger W; Pueblo
Miller, Ted W; Pueblo
Minton, Joseph W; Pueblo
Moore, Timothy J; Pueblo
Morgan, Alethia E; Pueblo
Morton, David E; Pueblo
Mueller, Edward E; Pueblo
Murchison, William G; Pueblo
Murley, Gordon D; Pueblo

Nafziger, Steven D; Pueblo
Nethery, Raymond A; Pueblo; Modesto CA

Ohlsen, Joel D; Pueblo; Rye
Osborn, Mark M; Pueblo

Pecevich, Mark; Pueblo
Pemberton, James P; Pueblo
Pflum, Eugene W; Pueblo
Phelps, Harvey W; Pueblo
Phelps, Lynn M; Pueblo
Proctor, Carla R; Pueblo
Province, Darryl L; Pueblo

Radway, Paul R; Pueblo
Ramos, Michael A; Pueblo
Rao, Y N; Pueblo
Rapp, Barry M; Pueblo
Rawat, Sumant; Pueblo
Raye, Charles H; Pueblo; Colorado Springs
Rea, John J; Pueblo; Pueblo West
Redwine, Robert H; Pueblo
Reichert, Thomas K; Pueblo
Reilly, Gerald D; Pueblo
Rosenbloom, J L; Pueblo
Roukema, James E; Pueblo
Rowley, Raymond D; Pueblo
Ruiter, Richard; Pueblo
Rusk, Harvey S; Pueblo
Ryals, Jarvis D; Pueblo

Sadler, Richard L; Pueblo
Salerno, Charles F; Pueblo
Sampath, Kulasekhar; Pueblo
Sbarbaro, James A; Pueblo
Scheig, William B; Pueblo
Schlomer, Donald; Pueblo
Schmidt, John J; Pueblo
Schneider, Herbert H; Pueblo
Schorlemmer, Gilbert R; Pueblo
Schottstaedt, Louise E; Pueblo
Schultz, R J Black; Pueblo
Settipani, Frank L; Pueblo
Shroyer, Joseph M; Pueblo
Skrei, Richard P; Pueblo
Smiley, Scott L; Pueblo; Pueblo West
Smith, Christopher J; Pueblo
Smith, David D; Pueblo
Smith, Harold J; Beulah
Smith, Loyd L; Pueblo
Smith, Steven W; Pueblo
Smith, Thomas R; Pueblo
Snyder, Charles E; Pueblo
Souza, Pedro M; Pueblo
Stachler, John M; Pueblo
Stelle, Robert E; Colorado City
Stjernholm, James R; Pueblo
Stjernholm, T Christian; Pueblo
Stjernholm, Thomas; Pueblo
Sullivan, Wallace B; Pueblo
Swartz, Carl W Jr; Pueblo
Sweeney, Michele K; Pueblo

Tice, Frederick G Jr; Pueblo
Tonne, Jay C; Pueblo
Turman, William G; Pueblo; Pueblo West

Vancamp, Wesley; Pueblo West
Vialpando, Stephen G; Pueblo
Vickery, Don L; Pueblo
Visconti, Francis T; Trinidad

Wainwright, Neil D; Pueblo
Waldron, Carla C; Pueblo
Walls, Larry D; Pueblo
Wehling, Constance L; Pueblo
Williams, George S Jr; Fort Collins
Wilson, Robert K; Pueblo
Wood, Michael; Pueblo
Wulfsberg, Einar J; Pueblo; Pueblo West

Yaeger, John J; Pueblo
Yap, Alfredo T; Pueblo
Young, Robert S Sr; Palm Springs CA
Young, Robert S II; Pueblo

Zacher, Eustice; Pueblo
Zawadowski, Raphael J; Pueblo

SAN LUIS VALLEY

Anderson, Sidney; Alamosa

Berkbigler, Dale T; Del Norte
Bogner, Phillip J; Del Norte
Bunch, Littleton J; Alamosa

Celada, Marco A; Antonito
Culp, Raymond M; Alamosa; Del Norte

Dolby, Karen A; Monte Vista

Firth, Michael G; Alamosa

Gonzales, Eugene A; Monte Vista; Alamosa

Harrod, C Scott; Alamosa
Haug, Norman L; Del Norte

Judson, James N; Alamosa

Kelly, Robert R; Alamosa

Labouisse, David W; Alamosa
Linden, Robert A; Alamosa

MacLeod, William A J; Alamosa
McHugh, Robert L; Alamosa

Nason, Herbert M; Alamosa

Porter, Richard F; Alamosa

Ruddell, James W; Alamosa

Sunderman, Steve R; Alamosa

Thomas, H Dale; La Jara
Thomas, Joseph D; Alamosa

Wagner, R Paul; Alamosa
West, Norman L; South Fork
Wilcox, Le Roy A; Friendswood TX

SOUTHEASTERN COLORADO

Benton, Donald F; Lamar

Ellsworth, Rita A; Lamar

Ghaibeh, Ousama; Lamar

Hadley, John C; Eads

Lee, Michael J; Lamar
Likes, Edwin C; Lamar

Manalo, Antonio S; Springfield

Potzler, Mark S; Lamar

Ward, Robert G; Holly

WASHINGTON-YUMA COUNTY

Berry, Jack L; Wray
Brittain, Philip C; Akron
Buchanan, Robert D; Wray

Loyd, Robert G; Wray

Pearse, Jack H; Yuma

WELD COUNTY

Abbot, Stewart M; Greeley
Adams, John C; Greeley
Allely, James W; Greeley
Allen, Brian J; Greeley
Allen, Neil H; Greeley
Anderson, Gilbert I; Greeley
Anneberg, Spencer K; Greeley
Armbrust, Douglas W; Greeley
Artist, E J; Greeley

Bagley, David L; Eaton; Greeley
Baldwin, Thomas E Jr; Greeley
Barber, Donn J; Greeley
Bates, David E; Eaton
Blattner, Mary Austin; Greeley
Blattner, Robert Elliott; Greeley
Bloink, Steven W; Greeley
Boelter, William C II; Greeley
Bradley, Robert C; Windsor
Brigham, Dwight P B; Greeley
Burch, William D; Greeley
Burket, Charles R; Greeley
Bussey, Randy M; Greeley

Carey, Michael V; Windsor
Carter, Douglas B; Greeley
Carter, Susan D; Greeley
Cash, Robert L; Greeley
Chesley, Charles C; Greeley
Clark, Ronald D; Greeley
Clifford, Nathan J; Greeley
Cook, Donald E; Greeley
Cooper, John D; Greeley
Corona, Joseph A; Greeley
Crews, Jerry R; Greeley
Cross, Pamela; Greeley
Cullen, John P; Greeley
Cutshall, Richard C; Greeley
Cutts, William B; Greeley

Dallow, Kurt T; Eaton
Davis, Windon H; Greeley
Derk, Thomas; Greeley
Detwiler, Floy E; Greeley; Moorefield WV
Dick, Milton L; Greeley
Doxsee, George C; Greeley
Dunn, Thomas R; Greeley
Durand, Charles G III; Greeley
Durand, Linda L S; Greeley

Edwards, Stanley O; Greeley

Ferguson, Joe R III; Greeley
Fink, Anthony G; Greeley
Flower, Thomas J; Greeley
Foe, Elaine V; Greeley
Foe, Richard B; Greeley
Fonken, Paul W; Greeley
Foulk, Arnold R Jr; Greeley

Garren, Lauretta F; Greeley
Gentry, Robert P; Greeley
Gilmore, Bruce T; Greeley
Golub, Roger Joel; Greeley
Gordon, Randolph L; Greeley
Groves, Fred B; Greeley

Hajek, Michael R; Greeley
Han, John S; Greeley
Harms, Thomas L; Greeley
Hartley, Robert D; Denver; Greeley
Haygood, Jerry W; Fort Lupton
Hearne, Diana L; Greeley
Helm, Albert J; Sun City AZ
Hesse, Eugene J; Lasalle; Greeley
Hewitt, Glenn O; Greeley
Hiratzka, Paul S; Greeley
Humphries, Patricia B; Greeley
Humphries, William C Jr; Greeley
Hunter, Brett P; Greeley
Hurst, John G; Greeley
Hutchins, Earl C; Greeley

Jaouen, Richard M; Greeley
Johnson, Roger M; Greeley

Kading, Steven O; Greeley
Kadlub, Edwin D; Windsor
Kahn, Robert J; Greeley
Kailasam, Velusamy; Greeley
Kemme, Richard J; Greeley
Kidder, Lewis A; Mesa AZ
Kinzer, Edward J; Johnstown
Kiser, Rick E; Greeley
Kozloff, Stephen R; Greeley
Kuykendall, Fred D; Greeley

Lembitz, Alan M; Greeley
Lembitz, Deanne D; Greeley
Leppla, Leslie A; Greeley
Lim, Meng Lai; Greeley
Lindquist, Timothy C; Greeley
Lininger, Thomas R; Greeley
Loeppke, Ronald R; Greeley
Lord, Jonathan G; Greeley
Lower, Dennis L; Greeley

Major, James C; Greeley
Mangum, William K; Greeley
Marsh, Randall C; Greeley
May, Duane L; Greeley
McCall, Janis R; Greeley
McConnell, Peter J; Windsor
McDivitt, Robert B; Greeley
McVicker, John H; Greeley
Mills, John W; Greeley
Mogab, John C; Greeley

O'Neal, Jean P; Greeley
Oelrich, Carl D; Greeley
Olds, Kenneth M; Greeley
Osborne, Richard B; Greeley

Pace, R Scott; Greeley
Parkhurst, Aaron E; Greeley
Patterson, Charles R; Ault
Peetz, Michael E; Greeley
Peetz, Shelley L; Greeley
Peppers, Tracy D; Denver
Peterson, James H; Greeley
Peterson, Keith E; Greeley
Phelps, Herschel R; Loveland; Greeley
Porter, Robert T; Greeley
Pratt, T Diane; Greeley
Purdie, Frank R; Greeley

Quinn, Richert E Jr; Greeley

Rademacher, Donald R; Greeley
Rangel, Keith A; Greeley
Ringel, Marc; Greeley
Roberts, Gareth K; Greeley
Rome, Clifford J; Greeley

Sabin, Clarence W; Windsor
Schaumberg, Edward G Jr; Greeley
Schmeh, Carl A; Greeley
Schneider, Thomas F; Greeley
Schwartz, Jeffrey C; Greeley
Shapiro, Miriam R; Greeley
Shields, David A; Greeley
Shore, Roy H; Greeley
Shwayder, Reynold I; Greeley
Sills, Theron G; Greeley
Sisson, Earl M; Greeley
Smith, Hubbard W; Greeley

Smith, Myron C; Greeley
Song, Yo-Jun; Greeley
Sprague, Dawin C; Johnstown
Stahlman, Richard L; Greeley
Stanley, Gerard J; Milliken; Johnstown
Stanton, Michael W; Greeley
Stone, Michael D; Greeley
Sullivan, Patrick J; Greeley
Summerson, Donald J; Greeley

Thompson, J Thomas; Ault
Thompson, Keith E; Greeley
Troop, Thomas G; Greeley

Vandeest, Bennie W; Wheat Ridge
Vanetti, Carol S; Greeley
VanVooren, James S; Greeley
Vaughan, Judith B; Greeley
Venbrux, Henry J; Greeley
Volk, John W; Greeley

Wanta, Deborah Lynn; Greeley
Watt, John E; Greeley
Weaver, John A Jr; Greeley
Wedlake, Patrick J; Greeley
Weeks, Jeffrey B; Greeley
Weil, Jerry; Greeley
Welch, John R; Greeley
Wheeler, James R; Greeley
Widney, Sam E; Greeley
Wiege, Eugene A; Greeley
Wignall, William B; Greeley
Wikholm, Larry J; Greeley
Wills, Theodore E; Greeley
Wilson, D Craig; Greeley
Wolach, Bernerd L; Greeley
Woods, Michael W; Greeley

Yockey, Raymond L; Greeley
Yoder, Franklin D; Greeley
Young, Mark D; Greeley

Zuidema, Jacob J; Estes Park

TEST YOURSELF

Q

Are most debtors deadbeats?

A

NO **The widely held "deadbeat debtor" stereotype unfairly paints all debtors with the same brush. Most debtors intend to pay their bills, but unexpected expenses, poor budgeting or situations such as illness or unemployment may contribute to their failure to meet their financial obligations. The professional collector avoids stereotyping all debtors as deadbeats, listens carefully and lets the debtor provide clues as to the best collection approach.**

TEST YOURSELF is one of a series provided by I.C. System, the company offering the collection program approved for use by our membership.

I.C. SYSTEM, INC.

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Section 5

SPECIALTY PRACTICE

The following listing of physicians is classified, alphabetically, under the Component Society headings. Each component society member's name is followed by a geographic reference to the city or town in which the physician practices. You can find the individual physician's practice address and pertinent information under the alphabetical listing by city and town in Section 3 of this diretory. Please remember that physician members of the various component societies do not necessarily confine their practice to offices located within their component society boundaries; e.g., a physician may be a member of the Clear Creek Valley Medical Society but have a practice address in Denver.

ADMINISTRATIVE MEDICINE

Becker, Paul G; Denver
Bennett, Willis L; Denver
Bock, George W; Craig
Bowling, F Lee; Englewood

Dracon, Dan; Lakewood

Gabow, Patricia A; Denver
Guthrie, Michael B; Colorado Springs

Harper, Barry K; Fort Collins
Hopple, Lynwood M; Montrose

Kahn, Kenneth A; Boulder
Kort, Haydee C; Pueblo

Lubchenco, Michael A; Denver

Matheson, George W; Colorado Springs
Maul, Kester V; Denver
Melinkovich, Paul; Denver; Evergreen
Miller, Edward S; Denver
Muir, Bennett W; Parker

Robinson, William M M; Cedar Mtn NC
Ryder, William H; Colorado Springs

Schwarz, M Roy; Chicago IL
Shoemaker, Larry D; Colorado Springs; Monument
Stone, Ken A; Denver

Traylor, Frank A; Wheat Ridge
Turman, William G; Pueblo; Pueblo West

Weaver, Robert H; Denver; Golden
Wright, Richard A; Denver

Young, Robert S Sr; Palm Springs CA

Zick, H Rolan; Boulder

ADOLESCENT MEDICINE

Beard, Donald Y; Fort Collins
Brudenell, Mary Dina; Boulder

Cook, Donald E; Greeley

Dieringer, Thomas M; Fort Collins
Dudley, James R; Steamboat Springs

Hoch, Peter C; Denver

Jamison, Jacqueline H; Denver

Kessel, David; Arvada

Meyer, Ronald C; Wheat Ridge; Lakewood

Nelson, Roy G; Boulder; Louisville

Reddy, Carol F; Denver

Shoptaugh, A Glenn Jr; Colorado Springs
Simon, David C; Aurora
Stapp, R Holbrook; Englewood; Denver

Weiner, Melvin H; Littleton; Denver
Wells, David W; Aurora; Parker

AEROSPACE MEDICINE

Alexander, Martin M; Denver

Baumgartner, Robert B; La Junta
Becky, Joseph R; Denver
Bowling, F Lee; Englewood

Curtis, Kenneth W Jr; Fort Collins

DiAsio, Richard A; Colorado Springs

Greenheck, Robert R; Denver; Aurora
Greenholz, Daniel J; Aurora; Denver
Grossman, Richard A; Durango

Hopple, Lynwood M; Montrose
Hughes, Clarence O Jr; Englewood

Kandel, George E; Denver; Littleton
Kendall, Wayne F Jr; Colorado Springs; Monument
Kornberg, James P; Boulder

Laman, Muryl L; Pueblo

Maul, Herman S; Lakewood; Denver

Nevison, Thomas O; Denver

Rapp, Alan D; Colorado Springs

Terbush, James W; Castle Rock

Zick, H Rolan; Boulder
Zimmerman, Robert L; Colorado Springs

ALCOHOL & DRUG ABUSE

Berns, Barry R; Windsor; Fort Collins

Carlson, H Blair; Denver

Dilts, Stephen L; Denver; Lakewood

Garlick, Ivor; Denver

McClure, Scott H; Colorado Springs

Shoemaker, Larry D; Colorado Springs; Monument
Shwayder, Reynold I; Greeley
Smith, Darvin W; Boulder

ALLERGY

Andrews, Francine G; Lakewood; Golden
Avner, Sanford E; Denver; Englewood

Booren, Jack C; Denver
Bortz, Alan I; Littleton; Denver

Conlon, Robert M; Fort Collins
Cowen, D Eugene; Englewood
Culver, William G; Loveland

Doner, H Calvin; Littleton
Dragul, Paul H; Denver; Englewood
Duhon, Samuel C Sr; Fort Collins; Boulder

Edgerton, J Craig; Durango

Falliers, Constantine J; Denver; Englewood

Gabelman, Omer P; Grand Junction; Kennewick WA
Gelman, Lloyd D; Boulder
Gerdes, Kendall A; Denver
Gillaspie, John D; Boulder
Golbert, Thomas M; Lakewood; Denver
Groeger, Raymond J; Woodland Park

Hartshorn, Denzel F; Grand Junction
Hohengarten, John H; Colorado Springs
Hurst, Allan; Santa Fe NM

Johnston, J Harvey; Green Valley AZ
Jones, Rodney H; Lakewood
Jones, Roy W; Denver; Englewood

Karlin, Joel M; Lakewood; Denver

Luzietti, Richard G; Aurora; Littleton

Mason, Ulysses G III; Denver
McMahon, B Thomas; Denver
Moehring, Roswitha; Denver
Molk, Leizer; Denver
Moon, William A Jr; Denver

Nonas, Nicholas G; Englewood; Denver

Orsborn, George E Jr; Denver; Wheat Ridge

Pearlman, David S; Aurora; Englewood

Reddy, Carol F; Denver
Richards, Robert B; Fort Morgan

Scott, William A; Grand Junction
Selner, John C; Denver
Service, William C; Colorado Springs
Shira, James E; Denver; Englewood
Siegel, Gary L; Lakewood; Denver

Tuft, Harold S; Denver

Vedanthan, P K; Fort Collins

Wanderer, Alan A; Englewood
Whitehead, Stephen B; Boulder

ALLERGY & IMMUNOLOGY

Adinoff, Allen D; Denver
Andrews, Francine G; Lakewood; Golden
Avner, Sanford E; Denver; Englewood

Baswell, Bonnie J; Colorado Springs
Bodman, Stephen F; Colorado Springs
Buckley, Jerome M; Aurora; Denver

Comer, Carolyn R; Aurora; Denver
Conlon, Robert M; Fort Collins

Go, Sumio; Colorado Springs
Golbert, Thomas M; Lakewood; Denver

Hilty, Lydia B; Wheat Ridge

Kailasam, Velusamy; Greeley
Koepke, Jerald W; Denver; Littleton

Levine, Mark A; Englewood; Aurora

Menzel, Mark L; Boulder
Murthy, Krishna C; Fort Collins

Nathan, Robert A; Colorado Springs

Pace, R Scott; Greeley
Pearlman, David S; Aurora; Englewood

Sanders, Barbara J P; Denver; Englewood
Schocket, Alan L; Denver
Service, William C; Colorado Springs
Silvers, William S; Englewood; Denver
Storms, William W; Colorado Springs

Vedanthan, P K; Fort Collins

AMBULATORY MEDICINE

Gerrard-Gough, Brodie; Colorado Springs
Gilmore, Bruce T; Greeley

Kirshenbaum, Gerald; Aurora; Englewood

Moore, George E; Denver; Conifer

Satt, James M; Rocky Ford
Schwartz, Arthur A; Aspen

Tramp, Paul E; Loveland

ANATOMIC PATHOLOGY

Adams, William R; Denver
Allen, Patrick C; Loveland

Baitlon, Domingo; Pueblo
Benson, Alan E; Longmont
Bowerman, David L; Colorado Springs

Carver, Robert K; Englewood; Aurora
Chu, Henry D; Denver
Clark, Donald M; Denver
Clifford, John H; Aurora; Englewood
Cox, William F Jr; Wheat Ridge; Golden

Dawson, Donald L; Colorado Springs
Decker, John T; Fort Collins
Dillon, Robert F; Colorado Springs

Englund, Garth W; Fort Collins

Hodges, W Jeff; Denver; Golden

Jalota, Renu; Aurora; Denver

Kircher, Lorence T III; Colorado Springs
Knaus, Kendal C; La Junta

Lawshe, Barry; Colorado Springs

McKinnon, George E; Pueblo
McQuaid, James L; Denver

Olshock, Richard; Wheat Ridge

Philpott, Peter J; Englewood
Pizzo, Christopher J; Denver

Saccomanno, Geno; Grand Junction
Sherwin, Richard M; Colorado Springs
Smith, Elwin A; Denver; Littleton
Speers, Wendell C; Denver
Steinbrecher, Jerry S; Glenwood Springs

Visconti, Paul B; Denver; Aurora

Wagner, Elaine D; Denver
Weil, Jerry; Greeley
Wood, John M; Englewood; Littleton

ANESTHESIOLOGY

Alanis, Joseph M; Englewood
Allison, Olaf W; Denver
Arensberg, Lee C; Denver

Bahlman, Steven H; Wheat Ridge; Golden
Baker, Ronald K; Denver; Castle Rock
Balkins, A J Jr; Boulder
Ballinger, Carter M; Denver
Bartee, Roy M II; Denver
Barth, Robert L; Denver
Barton, M Dennis; Denver
Bertz, Michael W; Denver
Best, Thomas E Jr; Wheat Ridge
Binding, Ronald R; Denver
Biscardi, Henry M; Denver
Braude, Walter; Denver
Brookens, Bruce R; Denver; Englewood
Buesing, Russell; Denver

Carnes, Marion M; Durango
Carpenter, Joseph D; Lakewood
Clark, Randall M; Denver
Clarke, Benjamin K; Denver
Clayton, William D; Colorado Springs
Cochran, Thomas S Jr; Fort Collins
Conrad, Natalie D; Denver
Cook, Shelbey S; Denver
Cooper, Daniel R; Cherry Hills
Copeland, F Aubrey; Englewood
Cregger, Irby E; Denver
Cutrell, Louis M Jr; Wheat Ridge; Arvada

Davis, Ben K; Colorado Springs; Monument
Davis, Dan M; Denver
deCampo, Teruel; Denver; Littleton
Dedo, William R; Denver
Derk, Thomas; Greeley
DeYoung, Roland W; Glenwood Springs
Dick, Milton L; Greeley
Domurat, Michael F; Denver; Morrison
Dougan, Robert P; Colorado Springs
Doxsee, George C; Greeley
Driver, Thomas F; Lakewood

Elliott, Jeffrey L; Denver
Elliott, Robert J; Grand Junction
Ellis, Ronald D; Denver
Elsey, Edward C Jr; Lakewood

Faseehuddin, Mohammed; Denver
Fischer, Javier A; Denver
Franklin, David C S; Denver
Freeman, Joseph W; Springhill FL
Friedman, Jacob; Denver
Fujisaki, Charles K; Denver

Galloway, Frederick M; Denver; Lakewood
Gardner, Steven M; Grand Junction
Garland, James W; Colorado Springs
Genskow, Gordon L; Sterling
Gibbs, Charles P; Denver; Englewood
Gildersleeve, Richard G; Boulder
Gillespie, Elizabeth J; Fort Collins
Gilman, James I; Denver
Gist, Wallace W; Pueblo
Golter, Lee B; Grand Junction
Gonzales, James G; Denver
Greenhalgh, Charles R; Denver
Griffiths, Leonard L III; Denver
Grow, John B Jr; Denver
Guerra, Frank; Denver
Guilfoyle, Edward J; Denver

Halfen, David P; Denver; Golden
Hall, J Michael; Colorado Springs
Hamann, Richard A; Denver
Han, John S; Greeley
Hanson, Michael W; Pueblo
Harrison, Martin R; Golden
Hartwig, Frank E; Denver
Hawley, William J; Montrose
Heaton, Carl E; Denver
Heisterkamp, David V; Denver
Helm, Albert J; Sun City AZ
Hicks, Bernard L; Pueblo
Higgins, Andrew G; Denver; Wheat Ridge
Hilberman, Mark; Boulder
Hileman, Lyle S; Denver
Hodges, Kathleen A; Denver
Holbrook, Bryan G; Denver; Aurora
Horvath, Joseph S; Aurora; Englewood
Hrdlicka, Jan; Arvada
Humphries, Jesse H; Denver
Hyde, Edwin G; Englewood

Jones, George D; Denver; Lakewood

Karasek, Dagmar; Denver; Englewood
Karasek, Jan; Denver
Keller-Klein, Karen A; Boulder
Kistler, Dale C; Denver
Klein, Russell C; Golden

Larimer, Craig W; Colorado Springs
Leonard, Michael W; Denver; Evergreen
Lesznik, George R; Aurora; Denver
Lombard, Lou-Elizabeth J; Boulder; Denver
Lord, Jonathan G; Greeley

Madan, Veena; Denver
Magee, Archie E; Grand Junction
Manhart, Richard A; Montrose
Marta, John A; Colorado Springs
Massey, Benjamin H; Pueblo
McCanless, James W; Pueblo
McClean, Charles K; Denver
McCrory, Charles B; Brighton
McGeary, Thomas M; Denver
Mehos, William G; Salida
Menhusen, Monty J; Denver
Mogab, John C; Greeley
Mote, Paul S; Colorado Springs
Mueller, Edward E; Pueblo
Munson, Wayne M; Colorado Springs
Murphy, David M; Englewood
Murray, Ives P; Denver

Nash, Rex D; Colorado Springs
Near, Alida R; Castle Rock
Nevison, Thomas O; Denver

Newens, Adrian F; Denver
Nickell, Leo C; Englewood
Nieder, Robert M; Englewood
Norrie, Thomas K; Fort Collins
Novak, Deborah W; Grand Junction

Oakes, Frederick C Jr; Glenwood Springs

Parker, Kay C; Denver; Morrison
Parkinson, Wendy M; Denver
Peetz, Shelley L; Greeley
Pence, Tom K; Colorado Springs
Peshock, James R; Boulder
Pick, Melvin M; Colorado Springs
Pierce, Alson F; Peyton
Pratt, Thomas C; Durango
Press, Peter; Denver
Puckett, William N; Denver

Quinby, James L; Denver

Rastrelli, Alan J; Denver; Littleton
Rechnitz, Gary D; Fort Collins
Ribnik, Harlan R; Denver
Richardson, Kenneth R; Lakewood; Englewood
Rogers, Jean C; Denver; Aurora
Rosenberg, Stuart G; Denver; Morrison
Ross, Michael C; Denver
Ruggera, Gary C; Durango
Ryan, John P; Boulder; Lyons

Salimbeni, Julio C; Fort Collins
Sederberg, James; Denver
Sell, Dean J; Denver
Shanker, H Ben; Denver
Shaw, Thomas J; Denver
Sheiner, Seth A; Denver
Shidler, Elmore J; Denver
Smith, Ronald E; Grand Junction
Sneddon, Wallace A; Longmont
Song, Yo-Jun; Greeley
Sowl, Duane D; Boulder
Stacey, N Russell Jr; Longmont
Stedman, Edith L Bratton; Sarasota FL
Stein, Donald W; Boulder
Strand, Melford L; Denver; Englewood
Swain, Robert B; Colorado Springs
Swanson, Robert L; Durango

Tarlie, Anschel; Englewood
Tharp, James A; Denver; Littleton
Thomas, B Lewis Jr; Grand Junction
Tiu, Celsa T; Denver
Tomlinson, Charles O; Denver
Trautner, Marilyn P; Denver; Littleton

Vacanti, John J; Lakewood
Valentine, John D; Denver
Vickland, James R; Longmont; Berthoud
Virtue, Robert W; Denver

Wassill, Valerie M; Denver
Watson, Donald D; Wheat Ridge; Lakewood
Weddel, Stephen J; Longmont
Weigers, Kim R; Denver
Wick, Albert M; Denver; Littleton
Williams, Roger A; Denver; Englewood
Willis, Murray S; Wheat Ridge
Willis, Thomas M; Cortez
Wilson, Linda L; Denver; Boulder
Wingle, Virginia; Denver
Winter, Clara L; Englewood

Zarlengo, Charles V; Lakewood

ARTHRITIS

Clayton, Mack L; Denver

ASTHMA

Andrews, Francine G; Lakewood; Golden

Buckley, Jerome M; Aurora; Denver

Gabelman, Omer P; Grand Junction; Kennewick WA
Golbert, Thomas M; Lakewood; Denver

Karlin, Joel M; Lakewood; Denver

McClellan, Charles W; Colorado Springs
Moehring, Roswitha; Denver

Nathan, Robert A; Colorado Springs

Pearlman, David S; Aurora; Englewood

Reddy, Carol F; Denver

Service, William C; Colorado Springs

Vedanthan, P K; Fort Collins

BLOOD BANKING PATHOLOGY

Dawson, Donald L; Colorado Springs

BRONCHO-ESOPHAGOLOGY

Hartshorn, Denzel F; Grand Junction

Kinzler, Dale L; Arvada

Rainer, W Gerald; Denver

CARDIOLOGY

Backup, Linda D; Longmont; Lyons
Blonder, Ronald D; Colorado Springs

Cadigan, Robert A Jr; Colorado Springs
Carson, Richard; Littleton; Englewood

Dappen, Robert W; Fort Collins
Duffey, Daniel J; Grand Junction

Ferrell, John T; Denver; Arvada
Flanigan, Richard J; Denver
Friedman, H Harold; Denver

Greenberg, David I; Colorado Springs
Greenberg, Jerry H; Aurora

Haas, John M; Aurora; Englewood
Hahn, Gary W; Wheat Ridge
Hays, John C; Colorado Springs
Hilty, Raymond W Jr; Boulder

Jensen, Susan R; Colorado Springs
Jones, Rodney H; Lakewood

Kayser, Harold L; Littleton
Kucinski, Chester S; Colorado Springs

Laman, Muryl L; Pueblo
Larson, Dennis G; Fort Collins
Law, Ronald K; Denver; Englewood
Lesage, Charles H Jr; Wheat Ridge

Marsh, Randall C; Greeley
Mathe, Richard A; Denver
Miklin, Jerry S; Wheat Ridge
Miller, E Eugene; Colorado Springs
Miller, Eugenia M; Aurora
Miller, J Brian; Colorado Springs

Okin, J Thos; Denver

Rapp, Alan D; Colorado Springs

Schneider, Dieter W; Denver
Sherman, Morton E; Aurora; Englewood
Smith, G Paul; Grand Junction

Vancamp, Wesley; Pueblo West

Ward, Jonathan M; Boulder
Webel, Jacob; Grand Junction
Weissler, Arnold M; Denver
Wood, Edward H; Colorado Springs

Zimmerman, Robert L; Colorado Springs

CARDIOVASCULAR DISEASES

Adams, Ralph W; Colorado Springs

Backup, Linda D; Longmont; Lyons
Battock, Dennis J; Aurora
Baum, Robert S; Denver

Clifford, Nathan J; Greeley
Cole, Brian; Colorado Springs
Cook, William R; Denver
Craddock, Lane D; Denver

Duman, Louis J; Denver

Eldridge, Joan E; Aurora

Flanigan, Richard J; Denver
Frey, Charles T; Cedaredge

Giansiracusa, Richard F; Loveland
Glode, John E; Longmont; Hygiene
Godfrey, Clarke C II; Denver
Gordon, Gerald S; Denver; Littleton
Greenberg, David I; Colorado Springs

Haas, John M; Aurora; Englewood
Hoffman, Murray S; Denver
Huffman, Thomas A; Denver; Longmont
Humphries, William C Jr; Greeley
Hutcherson, John D; Denver

Khan, Iqbal S; Pueblo
Kleiner, John P; Colorado Springs
Kowal, Ira J; Englewood; Littleton
Kucinski, Chester S; Colorado Springs

Leavitt, Timothy W; Wheat Ridge; Arvada
Levitt, Peter W; Denver

Luckasen, Gary J; Fort Collins

Mathe, Richard A; Denver
McClellan, Charles W; Colorado Springs
Mendoza, Carlos A; Westminster
Miller, J Brian; Colorado Springs
Molk, Barry L; Aurora
Moothart, Richard W; Colorado Springs

Overy, Hugh R; Denver

Pacheco, Jose P; Westminster
Pacini, Donald R; Grand Junction
Pashkow, Fredric J; Loveland
Ptasnik, Michael J; Denver; Englewood

Rapp, Alan D; Colorado Springs
Richardson, J William; Denver

Sable, David L; Fort Collins
Sarche', Michael A; Denver
Sbarbaro, James A; Pueblo
Schoonmaker, Fred W; Denver
Schuchman, Harvey A; Denver; Englewood
Sellers, Dilworth P; Colorado Springs
Shander, David; Denver
Sheehan, Mark W; Denver; Englewood
Slonim, N Balfour; Denver
Smith, Barry R; Denver; Littleton
Snyder, Gary L; Grand Junction
Snyder, Joseph; Denver
Spangler, Richard D; Denver
Stachler, John M; Pueblo
Steele, Peter P; Denver
Stjernholm, T Christian; Pueblo
Svinarich, J Thomas; Denver; Westminster

Tulin, Christopher N; Colorado Springs
Turvey, B Edward Jr; Boulder

Vigoda, Philip S; Denver; Englewood
Vijay, Nampalli K; Denver; Englewood

Weily, Hugh; Denver
West, Norman L; South Fork
Wolf, Phillip S; Denver
Wong, Bert Y; Colorado Springs

CARDIOVASCULAR SURGERY

Anderson, James T; Colorado Springs

Bartley, Thomas D; Pueblo
Blair, Emil; Annapolis MD
Brantigan, Charles O; Denver

Campbell, David N; Denver; Littleton
Carey, Thomas A; Denver
Carson, Stanley D; Denver
Clarke, David R; Denver

Demong, Charles V; Denver

Elliott, Donald P; Denver

Grow, John B Sr; Denver

Halseth, William L; Denver; Parker
Harken, Alden H; Denver; Littleton
Harwood, James T; Denver; Englewood
Hattler, Brack G Jr; Denver; Englewood
Hoffman, James F Jr; Fort Collins
Hutton, Connie C; Colorado Springs

Kamau, Pius K; Aurora

Lindeman, George M; Colorado Springs

Manart, Frank D; Denver
Meza, Felix; Denver

Pang, Herman; Denver; Englewood
Pappas, George; Denver; Littleton
Parker, Richard K; Denver
Paton, Bruce C; Denver
Petersen, Warren A; Grand Junction
Pomerantz, Marvin; Denver; Castle Rock
Propp, John G; Denver

Rainer, W Gerald; Denver
Randono, John J; Colorado Springs

Sadler, Richard L; Pueblo
Sadler, Theodore R Jr; Grand Junction
Salata, John R; Colorado Springs
Schechter, Philip A; Littleton; Englewood
Schorlemmer, Gilbert R; Pueblo
Smail, W Carlyle Jr; Denver; Englewood
Smith, Daniel L; Denver; Englewood
Spees, Everett K Jr; Denver
Stanton, Michael W; Greeley

Voiles, J David; Fort Collins

Walker, E Lance; Denver; Littleton
Wotkyns, Roger S; Wheat Ridge; Lakewood

Yajko, R Douglas; Glenwood Springs
Yee, Edward S; Colorado Springs
Young, David H; Denver; Englewood

CHILD NEUROLOGY

Bernstein, Lawrence H; Denver

Daven, Joel R; Pueblo

Ellison, Patricia H; Denver

Finkel, Richard S; Denver; Golden

Levisohn, Paul M; Denver

Nay, Leston B; Littleton; Denver

Thulin, Barbara W; Englewood

CHILD PSYCHIATRY

<Body text>
Carlson, Robert G; Denver
Clark, Lee W; Broomfield; Denver
Cline, Foster W Jr; Evergreen
Cresswell, George F; Colorado Springs

Everett, Ralph E; Colorado Springs

Graham, William H; Aurora; Denver

Hauser, Charles E; Colorado Springs
Hopple, Lynwood M; Montrose

LaBaw, Wallace L; Denver

Lauer, James W; Denver
Locketz, Harold D; Denver

Rabin, Ronald A; Denver
Rose, Cynthia; Colorado Springs
Rosen, Gary B; Boulder
Ryan, Steven J; Denver

Sadler, John E Jr; Fort Smith AR; Fraser
Solomon, Maurice C; Colorado Springs
Sykes, William M; Denver; Golden

CLINICAL PATHOLOGY

Adams, William R; Denver
Aikawa, Jerry K; Denver
Allen, Patrick C; Loveland
Altshuler, John H; Denver; Englewood

Baitlon, Domingo; Pueblo
Benson, Alan E; Longmont
Bowerman, David L; Colorado Springs

Carver, Robert K; Englewood; Aurora
Chu, Henry D; Denver
Clifford, John H; Aurora; Englewood
Cox, William F Jr; Wheat Ridge; Golden

Dawson, Donald L; Colorado Springs
Decker, John T; Fort Collins
Dillon, Robert F; Colorado Springs

Elzi, Ernest P; Denver
Englund, Garth W; Fort Collins

Hodges, W Jeff; Denver; Golden

Jalota, Renu; Aurora; Denver
Jones, Rodney H; Lakewood

Kircher, Lorence T III; Colorado Springs
Knaus, Kendal C; La Junta

Lawshe, Barry; Colorado Springs

McKinnon, George E; Pueblo
McQuaid, James L; Denver

Olshock, Richard; Wheat Ridge

Philpott, Peter J; Englewood
Pizzo, Christopher J; Denver
Poulsom, Edwin D; Denver

Sherwin, Richard M; Colorado Springs
Smith, Elwin A; Denver; Littleton
Steinbrecher, Jerry S; Glenwood Springs

Visconti, Paul B; Denver; Aurora

Weil, Jerry; Greeley

CLINICAL PHARMACOLOGY

Dunn, James M; Englewood; Littleton

Gottlieb, Thomas B; Arvada

COLON & RECTAL SURGERY

Adams, Francis S Jr; Pueblo

Buck, George R; Denver

Capek, Richard B Sr; Pueblo
Cohen, Edmond F; Denver
Cohen, Richard S; Lakewood; Denver

Day, John R M; Boulder

Gerrard-Gough, Brodie; Colorado Springs
Greer, Joseph C; Denver

Jacques, Thomas F; Denver

King, Michael L; Pueblo
Kirshenbaum, Gerald; Aurora; Englewood

Lavoo, John W; Colorado Springs

MacPhee, William M; Aurora; Denver
Mangum, William K; Greeley
Mozia, Nelson I; Wheat Ridge; Golden

Schwartz, Arthur A; Aspen

Thompson, Keith E; Greeley

Waggener, H U; Denver

CRITICAL CARE MEDICINE

Abernathy, Charles M Jr; Denver

Bechtel, Joel J; Grand Junction
Berg, Robert N; Denver; Englewood
Buckley, John E; Denver

Demarco, Frank J Jr; Wheat Ridge
Dempsey, Edward C; Denver

Good, James T Jr; Denver; Englewood

McClung, Harvey W; Pueblo
Miller, Terry D; Wheat Ridge; Arvada
Moore, Frederick A; Denver

Oakley, Robert D; Denver; Littleton

Repsher, Lawrence H; Wheat Ridge

Sandhaus, Robert A; Denver; Littleton

Taryle, David A; Denver
Tate, Robert M; Denver

Worley, Bob S; Wheat Ridge; Franktown

DERMATOLOGY

Aeling, John L; Aurora
Albright, Phillip H; Aurora
Ambler, John V; Denver
Asarch, Richard G; Englewood

Barfield, Lawrence F; Denver
Beyer, Eugene F; Colorado Springs
Blattner, Mary Austin; Greeley
Bowman, William J; Littleton; Denver
Bremers, Harold H; Denver; Englewood
Brenman, Steven A; Wheat Ridge
Burrow, Maida L; Grand Junction

Capin, Leslie R; Aurora
Clark, Scott D; Longmont
Cole, Larry W; Colorado Springs
Courtright, Claiborne L; Pueblo
Cunningham, Leon D; Colorado Springs

Davis, Windon H; Greeley
Dernovsek, Kim K; Pueblo
Dilorenzo, Pasquale A; Wheat Ridge; Arvada

Erickson, Larry R; Lakewood; Golden
Eubanks, Stephen W; Denver

Gaughan, Lawrence J; Durango
Gembol, Robyn; Boulder; Westminster
Golitz, Loren E; Denver; Aurora
Grant, Paul J; Englewood; Parker

Humphries, Patricia B; Greeley

Imber, Richard J; Denver

Johnston, J Harvey; Green Valley AZ

Koehn, Gerard G; Colorado Springs
Kort, W Thomas; Lakewood; Littleton
Kreye, George M; Littleton

Lewis, Barton L; Colorado Springs
Lewis, Leonard A; Miami FL
Lillis, Patrick J; Loveland
Loeffler, Anna T; Englewood

Maloney, J Michael III; Denver
Mandel, Mickey J; Denver; Englewood
Markewich, Gary S; Colorado Springs
McCoy, James A; Colorado Springs
McDonnell, Michaela W; Lakewood
Morris, Robert D; Denver
Musman, David J; Englewood

Nuss, Donald D; Aurora

Oppenheim, Walter H; Wheat Ridge
Orton, Paul W; Highlands Ranch; Littleton

Packer, Robert H; Englewood; Littleton
Philpott, Osgoode S; Denver
Philpott, Osgoode S Jr; Denver; Englewood

Rashleigh, Perry L; Grand Junction
Ravin, Rose S; Denver
Reed, Barbara R; Denver; Englewood
Rickard, Paul C; Boulder
Ruggles, Charles W; Colorado Springs
Russell, George R; Boulder
Ryan, Sonia C; Lakewood; Golden

Sayers, C Paul; Fort Collins
Schmidt, John J; Pueblo
Shields, David A; Greeley
Sorkin, Marc J; Denver; Littleton
Steinbaugh, John R; Boulder; Louisville
Stiefler, Richard E; Grand Junction
Swinehart, James M; Denver

Thomason, Laura M; Denver
Tice, Frederick G Jr; Pueblo
West, B Lynn; Fort Collins
Wiley, Hugh S; Denver; Englewood
Wright, Robert C; Denver; Westminster

Ziolkowski, Thomas J; Longmont; Boulder

DERMATOPATHOLOGY

Carver, Robert K; Englewood; Aurora
Chu, Henry D; Denver

Dickey, Gary D; Denver; Littleton

Golitz, Loren E; Denver; Aurora

Lewis, Barton L; Colorado Springs

Mandel, Mickey J; Denver; Englewood

Philpott, Peter J; Englewood

Rashleigh, Perry L; Grand Junction
Ryan, Sonia C; Lakewood; Golden

Stiefler, Richard E; Grand Junction

DIABETES

Alsever, Robert N; Pueblo

Ballonoff, Larry B; Denver; Englewood
Birenboim, Harold L; Wheat Ridge; Denver
Bosworth, Robert G Jr; Denver

Fineman, Bruce G; Denver

Kroger, J Stephen; Longmont
Kuna, Gupta B; Pueblo

Maruca, Joseph; Grand Junction
McClellan, Charles W; Colorado Springs
McDonald, Keith M; Denver

Rudolph, Merritt C; Denver; Englewood

Schemmel, Janet E; Denver
Schneider, William A; Denver; Englewood
Sheridan, E Paul; Denver
Sherman, Susan A; Aurora; Englewood

Zemel, Leonard R; Denver

DIAGNOSTIC RADIOLOGY

Absher, William K; Pueblo
Ain, Jonathan D; Aurora; Englewood
Atkinson, Roy J; Englewood

Ball, Michael E; Pueblo
Bardin, Billy J; Durango
Borgstede, James P; Colorado Springs
Bourne, Eugene E; Denver; Englewood
Bub, Joan B; Denver; Englewood
Burmeister, Glen E; Englewood; Castle Rock

Cadora, Donald F; Boulder
Carpenter, Craig M; Denver
Chilton, Sarah J; Denver
Compton, James F; Fort Collins

Day, James H Jr; Colorado Springs
Dennis, Mark A; Denver
Diffee, Joe T; Colorado Springs; Woodland Park
Dobrow, Malcolm S; Aurora; Englewood
Dreisbach, James N; Englewood

Eule, John Jr; Denver
Ewing, Wyman F; Pueblo

Foster, Michael A; Denver; Aurora
Furze, James M; Durango

Gaynor, Laurence F; Englewood
Gerhold, John P; Denver; Englewood
Golditch, Monte E; Colorado Springs; Monument

Halouska, Don L; Denver
Holt, Steve A III; Denver; Lakewood
Hunter, Robert D; Englewood

Johnson, Vaughn A; Durango

Klingensmith, William C; Denver; Englewood

LaMotte, Gary A; Pueblo
Lattes, Robert; Denver
Lince, Deborah M; Colorado Springs
LoSasso, Carl J; Fort Collins
Luethke, James M; Aurora; Denver
Luttenegger, Thomas J; Fort Collins

Maclean, James E; Grand Junction
Manke, William F; Denver; Englewood
McDaniel, David B; Grand Junction
McMullen, Craig T; Colorado Springs
McMullen, R Bard; Colorado Springs
Miller, Wayne A; Denver; Evergreen
Morgan, Joseph W M; Wheat Ridge

Nystrom, John S; Glenwood Springs

Oppenheimer, David A; Boulder

Patterson, Stuart A; Fort Collins
Perrott, Walter W III; Colorado Springs
Phillips, Edward B; Brighton; Englewood

Rayburn, Charles R Jr; La Junta
Rector, Susan E; Boulder; Longmont
Reynard, Kenneth B; Denver; Englewood
Roberts, Gareth K; Greeley
Roesler, Paul J; Colorado Springs
Rogers, William F; Colorado Springs

Seibert, Charles E; Englewood; Littleton
Smiley, Scott L; Pueblo; Pueblo West
Stavros, A Thomas; Englewood
Steines, William J; Englewood
Stevens, Sydney L; Littleton
Sutherland, Jerome D; Englewood; Denver
Swanson, Wendel B; Englewood; Littleton
Sweeney, James P; Colorado Springs

Ugale, Janice J; Denver; Englewood

Vickers, C William; Colorado Springs
Vickery, Katherine; Denver

Wagner, Kay E; Sterling
Walters, Mark R; Durango
Wells, Gerald C; Littleton; Englewood
White, Eric A; Denver
Wilson, James P; Denver; Aurora
Wolf, Robert J; Lakewood; Denver
Wulfsberg, Einar J; Pueblo; Pueblo West

Yost, Raymond V; Denver; Aurora

EMERGENCY MEDICINE

Abbott, W Richard; Boulder
Allen, Brian J; Greeley
Allen, Thomas J; Loveland
Arnold, Andrew L; Winter Park; Tabernash
Axelrod, Stephen L; Denver
Ayers, Joseph S; Aspen

Barber, Frank E; Denver
Barbero, J Fred; Grand Junction
Barkin, Roger M; Denver
Beck, Dennis M; Aurora; Boulder
Bevan, William A Jr; Vail; Eagle-Vail
Bieser, Richard G; Aurora; Denver
Birn, Jeffrey I; Thornton
Black, William L; Canon City; Colorado Springs
Blanchard, Thomas J; Commerce City; Northglenn
Bodenhamer, James E; Denver
Bookman, Lawrence B; Steamboat Springs
Bronstein, Alvin C; Denver
Brooks, Laurence W; Vail; Edwards
Brunko, Michael W; Denver
Buckley, Charles A; Evergreen
Burton, Richard M; Colorado Springs

Cameron, Marvin N; Aurora; Denver
Canham, Douglas E; Aurora
Carter, Clinton K; Westminster; Brighton
Carter, John E; Boulder
Cartier, John W; Durango
Castle, Everett R; Durango; Tucson AZ
Chaffee, Charles B; Wheat Ridge; Denver
Christensen, Robert W Jr; Canon City
Clifton, Guy D; Denver
Cline, Donald W; Salida
Cohen, Milton I; Colorado Springs
Colton, Albert H; Longmont; Boulder
Conrad, Lily C A; Idaho Springs
Creer, Stephen M; Englewood; Littleton
Crouch, Dee B; Boulder
Cusick, James M; Denver

D'Arezzo, Paul W; Highlands Ranch
Dietel, David H; Grand Junction
Dillon, Jack T; Colorado Springs
DiNapoli, Jim; Colorado Springs
Dracon, Dan; Lakewood
Drake, Thomas R; Denver
Drury, Lawrence R; Denver; Evergreen
Dubelman, Alan D; Thornton; Denver
Duke, William F; Grand Junction

Edwards, Robert A; Loveland
England, Jack D; Aurora; Sedalia

Farrin, John C; Golden
Ferrell, Donald P; Trinidad
Fredericks, Charles E; Colorado Springs
Freedman, William W; Colorado Springs
Friedman, Joseph B; Thornton; Boulder

Gage, R Wayne; Colorado Springs
Garrett, William F Jr; Boulder; Denver
Garry, Stephen H; Colorado Springs
Garza, Luis R; Thornton; Boulder
Gifford, Marilyn J; Colorado Springs
Glismann, John P; Aspen
Goldstein, Charles; Denver
Golladay, Donald E; Trinidad
Gordon, Gerald S; Denver; Littleton
Gordon, Irit W; Aurora; Denver
Gradick, Debra J; Morrison
Grayson, David E; Brighton
Greenheck, Robert R; Denver; Aurora
Greisman, Stewart L; Englewood; Littleton
Gruber, James E; Denver; Englewood

Hall, Alan H; Denver; Evergreen
Hamilton, Robert S; Colorado Springs; Wetmore
Harms, Thomas L; Greeley
Hartl, Richard W; Colorado Springs
Hartner, Mark J; Denver; Englewood
Hashimoto, Christine; Denver
Hebert, James O III; Delta; Telluride
Heinz, Stephen M; Denver
Hill, Douglas M; Thornton; Morrison
Hoffenberg, Stephen R; Denver
Hogan, James L; Westminster; Longmont
Hornbaker, Charles L; Colorado Springs
Howard, William L; Brighton; Boulder
Huber, James A; Denver; Englewood
Hursh, Roger; Brighton; Denver
Hurst, John G; Greeley

Jernigan, Randal F; Durango
Jobin, Michael J; Loveland; Denver
Johnson, Roger F; Denver
Johnson, Stephen M; Durango
Jones, David W; Boulder

Kanowitz, Arthur; Denver; Englewood
King, Otis J Jr; Castle Rock

Larremore, Theodore W; Denver; Wheat Ridge
Lee, Robert K; Denver
Lefkowits, Donald J; Denver
Lewis, Paul K Jr; Boulder
Loeffler, Richard T; Aurora; Littleton
Loehr, Richard E; Colorado Springs
Lund, Cynthia J; Colorado Springs

Markovchick, Vincent J; Denver; Golden
Martin, Travis W; Vail
Mayeda, Douglas V; Colorado Springs
McInerney, John R Jr; Golden
McKenna, Michael P; Longmont; Loveland
Meason, Thomas M Jr; Grand Junction
Moore, Larry A; Colorado Springs
Murphy, Carla E; Denver; Golden
Musso, Carlo A; Denver
Myers, Burton S; Englewood

O'Brien, Martin E; Englewood; Littleton
O'Connor, Sharon E; Littleton
Opatowski, Michael B; Denver

Padua, Steve A; Delta
Papenfus, Kurt F; Aspen; Golden
Paul, David H; Vail
Phelps, Dwight S; Denver
Piel, Michael T; Englewood
Platz, Victor; Colorado Springs
Pons, Peter T; Denver
Price, Paul O; Aurora; Denver
Purdie, Frank R; Greeley

Repert, William B; Fort Collins
Richardson, Scott K; Westminster; Boulder
Rosen, Peter; Denver
Rothgeb, Eric J; Aurora
Rowan, Aloysius I Jr; Aurora
Rowan, Aloysius I Jr; Aurora
Ruggera, Gary C; Durango

Schuett, Michael C; Denver
Schwartz, Jeffrey C; Greeley
Scott, Sarah K; Denver
Seydel, Frederick K; Evergreen; Denver
Snodderley, Paul L; Fort Collins
Spivey, Danton B; Englewood; Denver
Sprague, Dawin C; Johnstown
Sullivan, Philip J; Englewood; Denver
Sweeney, Michele K; Pueblo
Sydow, Sylvia; Denver

Talley, Richard W; Littleton
Thompson, James D; Wheat Ridge; Silverthorne
Thompson, Michael K; Colorado Springs
Tietz, Gregory C; Colorado Springs
Tuft, Charles M; Denver; Golden
Turner, Daniel T; Fort Collins; Greeley

Updegraff, Jeffrey G; Fort Collins

Vanetti, Carol S; Greeley
Vellman, W Peter; Wheat Ridge; Littleton
Vito, Richard A; Boulder
Vogt, Terry Ray; Evergreen
VonGortler, Michael; Boulder

Waggener, William J; Loveland; Denver
Wall, Paul M; Colorado Springs
Wall, Richard A; Colorado Springs
Watts, Clifford K; Boulder
Watz, Hallet N; Colorado Springs
Webb, Charles W; Colorado Springs
Weil, Lawrence J; Fort Collins
Weintraub, Richard M; Grand Junction; Aspen
Wexler, Ralph M; Denver
Wiederman, Francis J; Longmont; Denver
Williams, Fred O; Evergreen
Winkler, James V; Denver
Woodland, John B; Lafayette; Boulder

Yanagi, Ann K; Denver
Youngberg, Joseph T; Englewood

Zoller, Gregory W; Denver; Englewood

ENDOCRINOLOGY & METABOLISM

Alsever, Robert N; Pueblo

Ballonoff, Larry B; Denver; Englewood
Barter, Mark; Denver
Birenboim, Harold L; Wheat Ridge; Denver

Dernovsek, Kenneth D; Pueblo

Gold, Larry A; Colorado Springs

Higgins, Thomas; Boulder

Kuna, Gupta B; Pueblo

Maruca, Joseph; Grand Junction
McDonald, Keith M; Denver

Munson, William A; Colorado Springs

Nibbe, Albert F; Wheat Ridge; Lakewood

Osa, Steven R; Denver; Littleton

Podlecki, David A; Longmont
Poticha, Gerald S; Littleton; Englewood

Ritchey, Elizabeth E; Denver; Englewood
Roberts, Donald M; Denver
Rudolph, Merritt C; Denver; Englewood

Schemmel, Janet E; Denver
Sherman, Susan A; Aurora; Englewood
Stjernholm, Melvin R; Boulder

Watt, John E; Greeley

Zemel, Leonard R; Denver

EPIDEMIOLOGY

Eickhoff, Theodore C; Denver; Littleton

Hern, Warren M; Boulder

Wright, Richard A; Denver

FACIAL PLASTIC SURGERY

Bedard, Charles H; Pueblo
Berlin, Barry P; Littleton
Burrow, Claude H; Boulder

Charles, David M; Denver
Cramer, Lester M; Colorado Springs

Dragul, Paul H; Denver; Englewood

Hartshorn, Denzel F; Grand Junction

Jones, Roy W; Denver; Englewood

Kinzler, Dale L; Arvada
Krekorian, Edmund A; Denver; Aurora
Kreutzer, Erik W; Lakewood; Denver

Lipkin, Alan F; Denver; Englewood

Merkel, William D; Grand Junction

Padrnos, Richard E; Boulder

Rodriguez, Jose L; Glenwood Springs

Shippert, Ronald D; Englewood; Littleton
Smith, Brent J; Denver; Englewood
Smith, Bruce M; Fort Collins

Tegtmeier, Ronald E; Golden
Thornton, William R; Fort Collins

Walker, Ian G; Colorado Springs

Zbylski, Joseph R; Denver; Englewood

FAMILY PRACTICE

Adams, Lief E; Thornton; Northglenn
Adolf, Arlis M; Denver
Aikin, Kent R; Mancos
Alessi, John R; Pueblo
Alkes, Ivan S; Grand Junction
Allbright, James R; Conifer
Allen, Thomas J; Loveland
Anaya, Lawrence C; Pueblo
Anderson, N Paul E; Estes Park
Anderson, William E Jr; Loveland
Anthony, Ward R; Wheat Ridge
Apling, Mark L; Denver; Broomfield
Armour, Ross W; Longmont
Armstrong, John P; Gunnison
Arnold, Andrew L; Winter Park; Tabernash
Arnold, Jennifer; Englewood
Artist, Ricky L; Rifle
Aschenbrener, Pamela; Pueblo
Ashbach, Nancy W; Loveland
Asunsolo, Leopoldo G; Denver
Atkinson, Kenneth; Littleton; Englewood
Axelrod, Stephen L; Denver

Bachman, James J; Frisco
Bagga, Gurbakshish S; Denver
Bagley, David L; Eaton; Greeley
Bailey, Austin G Jr; Fort Collins
Baldwin, Thomas E Jr; Greeley
Ballard, Phillip W; Colorado Springs
Banker, Michael W; Canon City
Barbero, J Fred; Grand Junction
Barnhart, Eric D; Northglenn; Denver
Basow, William M; Fort Collins
Bates, David E; Eaton
Baumgardner, Jan F; Boulder
Beach, Don E; Delta
Beasley, D J; Boulder
Becker, Bruce A; Lakewood; Littleton
Bender, Edward L; Fort Collins
Benedict, Daniel B; Denver
Bennett, Dana R; Pueblo
Bennett, Robert J Jr; Delta
Bennion, Ben W; Denver
Benton, Donald F; Lamar
Berg, Dal H A; Thornton; Westminster
Berg, Mary J; Ordway
Berger, Sally C; Denver; Lakewood
Bermingham, Roger P; Fort Collins
Berns, Barry R; Windsor; Fort Collins
Berry, Jack L; Wray
Bevan, William A Jr; Vail; Eagle-Vail
Bieser, Richard G; Aurora; Denver
Bishop, Richard P; Broomfield
Blanchard, Thomas J; Commerce City; Northglenn
Blattspieler, S F; Colorado Springs
Bliss, Robert J Sr; Fort Collins
Bloink, Steven W; Greeley
Bock, George W; Craig
Bogner, Phillip J; Del Norte
Bohlender, Timothy D; Denver; Westminster
Bolles, Frank P; Boulder
Bonnet, Carol G; Grand Junction
Borkert, Daniel T; Lakewood; Denver
Boyd, John A K; Durango
Boyle, Kevin J; Littleton; Loveland
Bradley, Robert C; Windsor
Brassfield, T Scott; Colorado Springs
Britton, Kent R; Cortez
Brockway, Roger W; Longmont

Brodie, Harry; Littleton
Brokering, Harry R; Glenwood Springs
Bronstein, Alvin C; Denver
Brooks, Laurence W; Vail; Edwards
Brown, Woodrow E; Hotchkiss
Brundige, Richard L; Lakewood
Buchwald, Fred; Evergreen
Buglewicz, John V; Florence
Bull, Heman R; Grand Junction
Bunch, Littleton J; Alamosa
Burnham, Linda A; Fort Collins
Burton, William V; Boulder
Byers, Richard H Jr; Monte Vista

Cain, Jeffrey J; Denver
Cain, Leonard W; Cortez; Dolores
Callen, Wayne L; Leadville
Cameron, Marvin N; Aurora; Denver
Cameron, Mercedes E; Grand Junction
Campbell, Velma L; Pueblo
Cantor, Avrim; Colorado Springs
Carey, Michael V; Windsor
Carlson, Hillis G; Fort Collins
Carpenter, Julie; Boulder
Carrillo, Alfred B; Louisville
Carstensen, Earl J; Aurora
Carter, Clinton K; Westminster; Brighton
Cary, Margaret A; Denver
Cavanaugh, Patrick R; Longmont
Cease, James I; Northglenn; Denver
Cedars, Chester M; Denver; Englewood
Cerrone, Donald A; Wheat Ridge
Chan, Anthony W; Westminster
Chesley, Charles C; Greeley
Chisholm, R Neil; Denver
Christie, George C; Canon City
Claassen, Duane A; Lakewood; Denver
Clark, Curtis C; Sterling
Clark, D J; Sun City CA
Clark, Darrel Christian; Grand Junction
Clark, Douglas P; Colorado Springs; Monument
Clemens, Orrie G; Loveland
Codd, Richard L; Fort Collins
Collins, Thomas J; La Porte; Fort Collins
Cooper, Bruce D; Evergreen
Cooper, Jack; Colorado Springs
Corona, Joseph A; Greeley
Corren, Howard L; Aurora
Coryell, Laurie A; Lafayette; Greeley
Cosh, Glenn M; Lakewood
Coulter, Robert L Jr; Wheat Ridge
Craigie, David A; Denver
Cram, Jon J; Littleton
Cranor, John D; Fort Collins
Crawford, Lewis A; Colorado Springs
Crosby, Kristin; Aurora; Denver
Cross, Pamela; Greeley
Cullen, John P; Greeley
Cummings, Daniel C; La Junta

Daarud, R Scott; Boulder; Louisville
Daarud, Richard C; Boulder
Daehn, Mary J; Broomfield
Dahl, John H; Lakewood; Denver
Dallow, Kurt T; Eaton
Danforth, James C; Loveland
Darling, Bradford L; Englewood; Littleton
Davis, Nell L; Englewood
Davis, Telford A; Bayfield; Durango
Dawson, Dwight C; Colorado Springs
DeAlva, William E G; Denver
Dean, Val C; Englewood
Denegri, Alberto; Fort Lupton; Denver
Deterding, Karl T; Durango
Detwiler, Floy E; Greeley; Moorefield WV
DeYoung, M T; Fort Collins; Livermore
DiAsio, Richard A; Colorado Springs
Dirks, David W; Grand Junction
Dlugos, Thomas P; Colorado Springs
Doig, David J; Lakewood
Doig, William L; Lakewood
Dolby, Karen A; Monte Vista
Doneskey, Paul W; Cortez
Doran, John H; Fruita
Douglas, Jan J; Denver
Doyle, Herman E; Denver
Dubelman, Alan D; Thornton; Denver
Dudley, James R; Steamboat Springs
Dunaway, Marvin R; Boulder
Dunkin, Don E; Thornton; Brighton
Dunn, James R; Grand Junction
Dysart, Richard A; Delta

Ecoff, Arthur; Denver
Eddy, Richard L; Boulder
Edmundson, Arlo R; Morrison
Edwards, James E; Colorado Springs
Edwards, Robert A; Loveland
Ehlers, Gordon H; Denver; Englewood
Ellis, Richard E; Denver; Englewood
Ely, Janet L; Colorado Springs
Ervin, Don L; Denver; Evergreen
Essig, Julia A; Broomfield
Evans, Richard O; Colorado Springs
Ewing, Peter C; Boulder

Fairbairn, Scott J; Highlands Ranch; Westminster
Farrin, John C; Golden
Feeney, Jonathan C; Vail; Eagle-Vail
Feinsinger, Greg; Glenwood Springs
Feldman, Laura L; Colorado Springs
Fellhauer, Daniel R; Colorado Springs
Ferguson, Joe R III; Greeley
Field, Clifford; Leadville
Fischer, John A; Northglenn; Thornton
Fisher, H Calvin; Colorado Springs
Fishman, Paul J; Denver
Flaxer, Carl; Denver
Fletcher, Christopher S; Littleton
Flora, Mark S; Frisco; Dillon
Flower, Thomas J; Greeley
Fonken, Paul W; Greeley
Ford, John J III; Westminster
Fox, John E; Penrose
Frangos, Pete G; Denver
Frantz, Rae Ann; Boulder; Louisville
Freedman, Philip E; Vail
Freudenburg, James C; Longmont
Frey, Charles T; Cedaredge
Frickman, Carl E; Loveland
Frye, Jearl F; Cortez; Delores
Fury, Dianna L; Grand Junction

Gaede, Gary L; Aurora
Gage, R Wayne; Colorado Springs
Gamache, Peter J; Florence
Garcia, Elizabeth M; Antonito; Alamosa
Garland, Gerard L; Denver
Geller, I Benjamin; Denver
Gellrick, Caroline M; Lakewood
Gentry, Robert P; Greeley
Geppert, Margo J; Fort Collins
Gilman, Harold E; Rancho Mirage CA
Gipson, Bernard F Jr; Denver
Gjellum, George R; Golden
Glasser, Richard H; Denver
Glassman, Richard I; Aurora; Englewood
Goldstein, Charles; Denver
Golladay, Donald E; Trinidad
Golub, Roger Joel; Greeley
Gonzales, Eugene A; Monte Vista; Alamosa
Goodman, Edward H; Brush; Fort Morgan
Gordon, John D; Broomfield; Denver
Gordon, Randolph L; Greeley
Gorelik, Julia; Broomfield; Westminster
Grabow, Henry C; Canon City
Gradison, Maggie; Aurora; Evergreen
Granston, Laurence A; Fort Collins
Graves, Cheryl K; Fort Collins
Grayson, David E; Brighton
Grazi, Sol Jay; Aurora
Green, Deborah; Fort Lupton
Green, Scott M; Littleton; Morrison
Greenholz, Daniel J; Aurora; Denver
Greensher, Arnold; Colorado Springs
Gregory, James J; Northglenn
Griebel, Gerald W; Cortez
Griffith, John B; Englewood
Grosboll, Robert N; Loveland
Grossman, Daniel R; Pueblo
Grover, Isabelle E; Lakewood
Guy, Reginald; Montrose

Hackney, Terry L; Louisville; Boulder
Hailey, Mark A; Loveland
Halfmann, Lee R; Aurora; Denver
Hammond, R Scott; Westminster; Evergreen
Hannemann, Martin D; Aurora; Golden
Hardy, Billee W; Aurora; Highlands Ranch
Harper, Barry K; Fort Collins
Harrison, Judith A; Durango
Haskins, R Scott; Rifle
Hattem, Albert R; Fort Lupton; Denver
Haug, Norman L; Del Norte
Haughton, Kevin M; Denver
Haygood, Jerry W; Fort Lupton
Hayman, Mark P; Strasburg
Haynes, Robert G; Lakewood
Hearne, Diana L; Greeley
Heaton, Warren A; Castle Rock
Heiberger, James T; Colorado Springs
Hemming, John G Jr; Lakewood
Henderson, Kenneth R; Denver; Broomfield
Herrington, Richard A; Carbondale
Hesse, Eugene J; Lasalle; Greeley
Heuscher, Enno F; Grand Junction
Heyl, Robert A; Cortez; Mancos
Hibbard, H David; Louisville; Boulder
Hickman, Gerald M; Boulder
Higgins, Kerry T; Denver; Lakewood
Hill, James R; Broomfield; Boulder
Hites, James D; Fort Collins
Hoffman, Richard E; Denver; Golden
Hoisington, William D; Paonia
Hoke, Timothy E; Colorado Springs
Hollister, Elbert E; Lakewood; Evergreen
Holmes, Joshua J; Grand Junction
Hornbaker, Charles L; Colorado Springs
Hostettler, David P; Glenwood Springs
Houlton, William G; Denver
Hudson, John L; Boulder
Huffmire, Andre J; Craig
Huggins, Gerald A; Denver
Humphrey, Robert N; Fort Collins
Hurley, Grant W; Pueblo

Illige-Saucier, Martha; Denver
Ingalls, Judith; Telluride

Jabour, Christy; Arvada
Jackson, Ham; Fort Morgan
Jacobs, Madeleine; Penrose
Jalota, Renu; Aurora; Denver
Jamison, Jacqueline H; Denver
Janowski, Robert R; Denver
Jared, Roy A II; Denver
Jarrett, Michael B; Pueblo
Jeffers, Thomas M; Arvada; Golden
Jendry, Ronald J; Evergreen; Conifer
Jernigan, Randal F; Durango
Jimenez, Joseph P; Trinidad
Jinich, Daniel B; Fort Collins
Johnson, Bennie S; Colorado Springs
Johnson, Scott S; Brighton
Johnson, Steven M; Pueblo
Joseph, Norman; Aurora
Justin, Ingrid M; Fort Collins
Justin, Renate G; Fort Collins

Kadlub, Edwin D; Windsor
Kail, Thomas J; Denver
Kandel, Elisabeth E; Broomfield
Kandel, George E; Denver; Littleton
Kanger, William J Jr; Lakewood
Kareus, Leslie G; Grand Junction
Katchian, Azad; Wheat Ridge
Kearns, Roy E; Grand Junction
Kelly, Barbara Fawcett; Lakewood; Denver
Kevan, Samuel J; Delta; Austin
Khosla, Rakesh K; Pueblo
Kief, Jan M; Arvada
Kiernan, R Martin; Denver; Monument
Kingston, Richard A; Grand Junction
Kinzer, Edward J; Johnstown
Kiovsky, Richard D; Aurora
Kipfer, Roger K; Louisville; Boulder
Kirchner, Robert L; Boulder
Kirk, Jude J; Pueblo
Kirkpatrick, Glen R; Buena Vista
Knaus, Gary D; Carbondale
Knopper, Morton P; Longmont; Boulder
Kovach, Drew A; Arvada
Kraft, Elizabeth S; Littleton; Denver
Kramer, Ryan; Lakewood
Kraus, G Thomas; Aurora
Krebs, Jeffrey J; Castle Rock
Krichevsky, Paul; Lakewood; Golden
Krueger, Albert R; Meeker
Kruglet, Donald G; Fort Morgan
Kucera, John L; Colorado Springs
Kulp, Robert L; Brush

Lackey, Charles W; Frisco
Laitos, Mark M; Longmont
Landis, Henry; Lakewood; Denver
Langley, James W; Golden
Langstaff, Samuel H; Littleton
Lanier, Dennis M; Denver
Laubach, Sherri J; Lakewood
LeBlanc, Randy D; Meeker
Lee, Michael J; Lamar
Leistikow, David C; Broomfield
Lembitz, Alan M; Greeley
Lembitz, Deanne D; Greeley
Levenson, Ian R; Aurora; Englewood
Levinson, Mark B; Aurora; Denver
Lewis, Jeanne D; Boulder
Ley, James W; Haxtun
Licona, Virgilio; Pueblo
Likes, Edwin C; Lamar
Lindell, Kevin V; Fort Morgan
Linn, David D; Conifer
Lippman, Bruce D; Glenwood Springs
Lischwe, Thomas J; Broomfield; Boulder
Loken, Arnold B; Littleton
Lovejoy, Brent V; Denver
Lovell, Jeffrey H; Denver; Westminster
Lovell, Kenneth R; Colorado Springs
Lucas, John L; Denver; Littleton
Lucy, Daniel R; Wheat Ridge
Lumnitz, Janice S; Eagle
Lundgren, John C; Julesburg

Mackell, Paul E; Lafayette
Mackey, Jack L; Sterling
Madsen, Mark C; Grand Junction
Maestas, Gilbert B; Denver
Maggiore, John R; Glenwood Springs
Major, James C; Greeley
Makowski, Anthony J III; Highlands Ranch
Malburg, Bernard J; Craig
Markel, William R; Broomfield
Martin, Theodore E; Rocky Ford
Martinez, Benjamin; Pueblo
Maul, Herman S; Lakewood; Denver
McCaffrey, Paul P; Pueblo
McCall, Janis R; Greeley
McCallon, T Dwaine; Buena Vista
McConnell, Peter J; Windsor
McCreery, Richard A; Colorado Springs
McDonnel, Gerald E; Fowler
McFarland, Douglas M; Trinidad
McGarry, Joseph T; Florence
McIlroy, Richard H Sr; Pueblo
McLain, Phil C III; Estes Park
McLaughlin, John D; Aurora
McMillan, Michael J; Highlands Ranch
McMurren, Jay W; Gunnison
Mead, Daina C; Fort Collins
Mehos, William G; Salida
Mehta, Uday K; Pueblo
Mellinger, William J; Fort Morgan
Mendez, William H; Denver
Mercer, Jeannette Y; Windsor
Merkel, Lawrence A; Fort Collins
Michalek, Michael; Denver
Milano, William J; Loveland
Miles, Wilfred W; Aurora
Miller, Charles H; Lakewood
Miller, David C; Lakewood; Wheat Ridge
Miller, Floyd J; Colorado Springs
Miller, John L; Canon City
Miller, Katherine M; Canon City
Mohler, Philip J; Grand Junction
Mohr, Gary Alan; Canon City
Monheit, Peter I; Denver; Englewood
Moore, Cyril S C; Denver
Moore, Timothy J; Pueblo
Morgan, Alma R; Fort Collins
Morley, Alexander K III; Frisco
Morrison, John D; Denver; Littleton
Morse, Jeffrey M; Durango
Mossberg, C Eugene; Longmont
Munro, George F; Brighton
Murphy, Joseph M; Durango
Murphy, Lawrence E; Fort Collins

Nafziger, Steven D; Pueblo
Nason, Herbert M; Alamosa
Nelson, Kathryn J; Carbondale
Netz, Howard E; Lakewood
Nevarez, Max A Jr; Cedaredge
Nevrivy, Thomas; Fort Collins
Nichol, Thomas W; Estes Park
Nonas, Nicholas G; Englewood; Denver
Nordin, John R; Lakewood; Littleton
Norton, Philip H; Aurora; Denver
Nusca, Margaret T; Monument

O'Day, Fred T; Lakewood
O'Dell, Robert A; Aurora
O'Donnell, Sean C; Colorado Springs
O'Neill, Eugene T; Denver; Englewood
Olds, Kenneth M; Greeley
Olivier, Brian D; Colorado Springs
Olson, Mark R; Limon
Overturf, Bruce R; Fort Morgan

Paap, Jack I; Colorado Springs
Page, Doris A; Denver
Palu, Margaret E; Fort Morgan
Parker, Joseph J Jr; Grand Junction
Patt, Richard A; Aurora
Patterson, Charles R; Ault
Patterson, Robert B; Loveland
Pattridge, Mark F; Golden
Peak, James W; Montrose
Pearse, Jack H; Yuma
Pearse, John R; Thornton
Pebler, Richard F; Limon
Pederson, Janet L; Aurora
Penn, Eugene C; Aurora
Peoples, Grant; Aurora
Perna, John L; Leadville
Perry, Carmel P; Colorado Springs
Persoff, Nathan S; Denver
Petrie, Kent Alan; Vail
Pfeifer, Lyle M; Fort Collins
Phillips, Alfred M; Pagosa Springs
Piel, Michael T; Englewood
Ping, Donald W; Denver
Pinto, Randolph A; Louisville; Lafayette
Pirnat, Martin P; Durango
Pollard, Joseph S Jr; Colorado Springs
Pollard, Marven J; Denver; Aurora
Post, Gary L; Englewood; Aurora
Potter, Donald E; Canon City
Potzler, Mark S; Lamar
Power, Charles W; Lafayette
Pratt, T Diane; Greeley
Price, Paul O; Aurora; Denver
Price, Richard A; Colorado Springs
Price, Vernon H; Steamboat Springs
Province, Darryl L; Pueblo

Quackenbush, Kirk T; Lakewood
Quintana, Phillip D; Aurora

Rabold, James G; Lafayette; Boulder
Ramos, Michael A; Pueblo
Rangel, Keith A; Greeley
Rappe, Donald L; Durango
Ratigan, Richard D; Denver
Rauzi, Frank R; Littleton
Ravin, Sheldon J; Colorado Springs
Raye, Charles H; Pueblo; Colorado Springs
Reents, William J; Loveland
Regier, Donald D; Julesburg
Reichert, Thomas K; Pueblo
Reishus, Allan D; Craig
Reynolds, Judith U; Colorado Springs
Rice, Glenn R; Boulder

Ridgway, Don N; Paonia
Ringel, Marc; Greeley
Ritchie, Darvin R; Canon City
Ritchie, Gary L; Canon City
Ritzman, Vernon D; Wheat Ridge
Roach, Susan I; Longmont
Roark, Richard D; Fort Collins
Roberts, Clarence J; Thornton; Broomfield
Rollinger, Charles L; Littleton; Denver
Roney, Patrick J; Littleton; Denver
Rose, Brian H; Littleton
Roth, Henry J; Denver; Englewood
Rowan, Aloysius I Jr; Aurora
Rubright, Mark W; Longmont
Ruiter, Richard; Pueblo
Rule, Ingrid K; Loveland; Fort Collins
Rumley, A S; Fort Collins
Ruybal, Jacob A Jr; Grand Junction

Salmen, Paul A; Glenwood Springs
Salter, William J; Boulder
Sampson, Lloyd S; Las Animas
Sandell, Thomas G; Salida
Sands, Arthur C; Fort Collins
Santaguida, Rik; Idaho Springs; Evergreen
Schafer, Donald R; Loveland
Scheig, William B; Pueblo
Schmalhorst, Brian K; Haxtun
Schmeh, Carl A; Greeley
Schmucker, Marion L; La Junta
Schneider, Donald J; Denver
Schneider, Thomas F; Greeley
Schottstaedt, Louise E; Pueblo
Schulman, Eugene; Commerce City; Denver
Schwartz, Kenneth A; Rifle
Sealy, David P; Colorado Springs
Seeton, James F; Fort Collins
Segall, Neil C; Thornton; Denver
Seydel, Frederick K; Evergreen; Denver
Shane, James A Jr; Lakewood
Shapiro, Miriam R; Greeley
Shearer, Christoper P; Denver; Englewood
Sheldon, Jonathan; Westminster
Shenk, Douglas C; Grand Junction
Shenkel, Roger C; Grand Junction
Shoemaker, Larry D; Colorado Springs; Monument
Short, Rande K; Durango
Shwayder, Aaron J; Denver
Shwayder, Reynold I; Greeley
Simon, Frederick S; Montrose
Simon, John Jr; Englewood
Simon, Robert B; Arvada
Simons, David R; Boulder
Sindler, Marc A; Canon City
Skrei, Richard P; Pueblo
Smernoff, Dean G; Denver
Smilkstein, Daniel H; Steamboat Springs
Smith, Christopher J; Pueblo
Smith, David D; Pueblo
Smith, Jerome I; Fort Collins
Smith, Verne A; Grand Junction
Smythe, Stephanie; Broomfield; Louisville
Solano, Mark D; Denver
Soler, Joseph J Jr; Denver
Sperry, Corydon S Jr; Fort Collins
Spivey, Danton B; Englewood; Denver
Sprague, Dawin C; Johnstown
Stahlman, Richard L; Greeley
Stanley, Gerard J; Milliken; Johnstown
Starkey, Gerald H Jr; Denver; Englewood
Steiner, Jane C; Denver
Stelle, Robert E; Colorado City
Stephens, Floyd V Jr; Fort Collins
Stevens, Wayne E; Lakewood
Stoddard, Andrew P; Fort Collins
Stone, Ken A; Denver
Story, Helen M; Littleton; Evergreen
Straub, John C Jr; Littleton
Strickland, Darwin J; Denver
Sullivan, Neil F; Denver
Sullivan, Wallace B; Pueblo
Sunde, Paul M; Littleton
Sundland, Barry R; Aurora; Denver
Sunthanker, Lena (Shivalina); Fort Collins
Swarsen, Ronald J; Denver
Syzek, Thomas E; Conifer; Bailey

Taibleson, David; Denver
Tanenbaum, Marc H; Longmont
Tannenbaum, Philip D; Denver
Tarr, John S Jr; Gunnison
Tedeschi, John P; Colorado Springs
Terbush, James W; Castle Rock
Thieman, William J; Fort Collins
Thieszen, Milford E; Fort Collins
Thomas, H Dale; La Jara
Thomas, Joseph D; Alamosa
Thomasson, George O; Englewood; Highlands Ranch
Thompson, J Thomas; Ault
Thompson, Patrick L; Fort Morgan
Thompson, V James; Boulder
Thorson, Steven J; Fort Collins
Thumim, Martin B; Lakewood; Littleton
Ting, J Karyl; Broomfield
Tippin, Steven B; Fort Collins
Told, Thomas N; Craig
Tracy, Herbert A; Canon City
Tsuda, Hideya; Englewood
Twellman, Dorothy J; Canon City

Utt, J Dale; Grand Junction

Valley, George E; Fort Collins
Vanbuskirk, John A; Englewood; Littleton
Vanderschouw, H M; Leadville
Vanderschouw, Martin G; Fort Collins
VanGemert, Robert J; Montrose
VanSchooneveld, Craig H; Sterling
VanVooren, James S; Greeley
Vaughan, Robert T Jr; Buena Vista
Verkler, Christopher J; Englewood
Vialpando, Stephen G; Pueblo
Victoroff, Michael S; Aurora; Broomfield
Vigil, Jacob P; Aurora; Denver
Villalon, Joseph H; Walsenburg
Vincent, Jack F; Canon City
Volk, John W; Greeley
VonGortler, Michael; Boulder
Voorhees, Kenton I; Littleton
Voy, Robert O; Colorado Springs

Waggoner, Jeffrey R; Aurora
Wahl, David L; Venice FL
Walker, Dennis E; Aurora; Denver
Walter, Harry J; Denver; Broomfield
Wanta, Deborah Lynn; Greeley
Webb, Terrell R; Aurora
Weber, Philip F; Boulder
Weber, Susan J A; Loveland
Wedlake, Patrick J; Greeley
Weiker, Justin; Denver
Weiss, Robert L; Arvada
Weissmann, Max L; Denver
Wells, Donald B; Fort Collins
West, David M; Grand Junction
Weston, Jonathon P; Colorado Springs
Wexler, Ralph M; Denver
Wheeler, Richard L; Lakewood
Wherry, Harry L; Longmont
Wherry, Patrick L; Longmont
White, Carleton B; Littleton
Whittington, Brien J; Colorado Springs
Wienpahl, Mark; Pagosa Springs
Wignall, William B; Greeley
Wigton, Chester M; Durango
Williams, David M; Steamboat Springs
Williams, Fred O; Evergreen
Williams, Linda L; Fort Collins
Williams, Robert N; Lakewood; Denver
Williams, Warren L; Littleton
Wilson, D Craig; Greeley
Wolf, Howard C; Lafayette; Longmont
Wolkov, Jay M; Gunnison
Wood, Lorraine E; Boulder
Wood, Robert H; Arvada; Lakewood
Wright, W Lloyd; Golden

Yarberry, Steven A; Vail; Avon
Yemm, Stephen J; Fort Collins
Yoder, Paul T; La Junta
Yost, Byron A; Longmont
Young, Mark D; Greeley
Younger, David G; Burlington

Zacher, Eustice; Pueblo
Zimmerman, Clark B III; Parker

FORENSIC PATHOLOGY

Allen, Patrick C; Loveland

Bowerman, David L; Colorado Springs

Canfield, Thomas M; Montrose
Clark, Donald M; Denver

Ogura, George I; Denver

Toll, Henry W Jr; Denver

Wood, John M; Englewood; Littleton

GASTROENTEROLOGY

Anselm, Klaus; Pueblo; Beulah
Appelbaum, Jerry J; Denver
Ayres, Steven J; Denver

Bader, Ted F; Denver; Lakewood
Baker, Pete H; Englewood
Barkett, V Michael; Salida
Berry, William R; Longmont
Bramschreiber, Jerome L; Colorado Springs
Briggs, Gordon W; Denver
Butterfield, D G; Denver

Chase, Jerry A; Loveland
Collins, Dale W; Denver; Lakewood
Cook, Julius E; Colorado Springs
Coonan, John E; Wheat Ridge; Golden
Copeland, Lynn R; Durango

Dahl, Carl R; Wheat Ridge; Golden

Erfling, William F; Boulder

Fieman, Richard A; Aurora
Freedman, Marshall A; Denver

Gerstenberger, Patrick D; Durango
Goff, John S; Denver

Halprin, Arthur H; Pueblo; Beulah
Hanna, Philip D; Englewood
Hansen, Richard N; Englewood
Harrison, Craig A; Boulder
Huston, Jeffrey D; Denver; Littleton

Iwata, Samuel H; Colorado Springs

Johnson, Bennie S; Colorado Springs
Jones, Everette G; Denver; Golden

Kading, Steven O; Greeley
Katz, Seymour; Englewood
Kauvar, Abraham J; Denver

Mann, James G; Denver
McElwee, Hugh P; Fort Collins
Mehta, Sunder J; Denver; Englewood
Montbriand, Joel R; Boulder
Murchison, William G; Pueblo

Osborne, Richard B; Greeley

Palmer, Walter Lincoln; Chicago IL
Percefull, Sabin C; Englewood
Phillips, Robert G; Denver
Powers, Bernard J; Englewood; Denver

Reed, Thomas A; Denver
Rein, Richard A; Aurora
Reveille, Robert M; Denver
Richman, Lee K; Wheat Ridge; Lakewood
Roberts, William G; Westminster; Boulder
Roberts, William G; Westminster; Boulder
Roller, Richard J; Denver; Golden
Rothman, David; Denver

Sabel, John S; Englewood
Sides, Leroy J; Denver
Simmons, Robert A; Fort Collins
Smith, James G Jr; Colorado Springs
Smith, Robert H; Colorado Springs
Sutherland, Jesse O Jr; Denver

Tomasso, Gerard I; Glenwood Springs
Towner, Thomas G; Grand Junction

Vierling, Donna M; Aurora; Englewood

Wenham, Richard P; Colorado Springs
Wooddell, W Jeff; Colorado Springs

Young, L David; Colorado Springs

GENERAL PRACTICE

Acuna-Narvaez, Perlita; La Junta
Allely, James W; Greeley
Altmix, Richard H; Littleton
Anderson, N Paul E; Estes Park
Anderson, Sidney; Alamosa
Arndt, Donald A; Berthoud
Asher, Wilmer L; Littleton
Ashmun, Raymond V; Denver

Baker, John C; Denver
Bane, James J; Longmont
Bartee, Roy A; Denver
Becky, Joseph R; Denver
Beethe, Raymond C; Burlington
Berzins, Ina; Denver
Bess, Howard H Jr; Denver; Englewood
Bissell, John; Denver
Blackard, Carol J; Aurora
Blanchard, Thomas J; Commerce City; Northglenn
Bostrom, Paul D; Dolores; Cortez
Brethouwer, N Robert; Montrose
Brittain, Philip C; Akron
Buchanan, Robert D; Wray
Butler, Gordon B; Kerrville TX

Callaway, Sam E; Durango
Calonge, Guy D; La Junta
Campbell, Barton H; Arvada
Carroll, Charles A; Fort Collins
Celada, Marco A; Antonito
Chesnut, Myrlen E; Holyoke
Christiansen, Elinor T; Englewood
Coffman, Delmar L; Wheat Ridge
Cupps, Jerry L; Commerce City

Dahl, Alvin E; Littleton
Darling, Bradford L; Englewood; Littleton
Davis, John A; Denver
Davis, Karen A; Aurora; Parker
Davis, Richard L; La Junta
Doig, William L; Lakewood
Doneskey, Paul W; Cortez
Doran, John H; Fruita
Dowis, Gaylord M; Sterling
Dupper, Harold H; Fort Collins

Eakins, Roger F; Denver
Ehlers, Gordon H; Denver; Englewood
Elzi, Richard L; Denver; Golden

Fawcett, Newton W; Colorado Springs
Fickel, Helen F; Berthoud
Fillion, Robert J; Sterling
Foster, Sydney; Orcas WA
France, David W Jr; Walden
Frankenburger, Louise B; Denver
Franklin, D A; Broomfield
Freeman, Ann E; Boulder

Gardner, Joseph H; Evergreen
Garland, Dave T; Denver; Lakewood
Gieringer, Gary V; Colorado Springs
Gingery, Richard C; Montrose
Goad, Lloyd H; Golden
Gordon, Leon L; Mesa AZ
Gould, Arch H; Grand Junction
Gray, J Stephen; Aurora
Grosboll, Ashley N; Loveland
Grossman, Terry A; Granby

Hadley, John C; Eads
Halley, Norman B; Westminster
Hamstra, Gerald A; Colorado Springs
Haygood, Jerry W; Fort Lupton
Hayward, Bruce T; Aurora
Hixon, Walter S; Littleton
Hollar, Gregory F; Craig
Hooper, Gerald H; Denver; Arvada
Hoppe, Wayne E; Burlington
Houghan, Charles R; Fort Morgan
Humphrey, Fred A; Fort Collins
Huskey, Harlan B; Fruita; Grand Junction

Irwin, Everett; Fort Mohave AZ

Jekot, Chester B; Wheat Ridge
Johnson, Thomas G; Fountain
Johnston, Robert P; Aurora
Joseph, Norman; Aurora

Kano, Jane S; Denver
Kasenberg, Thomas P; Loveland
Keefe, Jerome L; Cheyenne Wells
Kinzer, Edward J; Johnstown
Kobayashi, Thomas K; Denver
Kragor, Hugh F; Westminster
Kuykendall, Fred D; Greeley

Langley, James W; Golden
Lee, Robert K; Denver
Leonardi, Leo J; Salida
Leppla, Leslie A; Greeley
Lewis, Roger R; Englewood
Light, Mason M; Gunnison
Light, Ruth L; Pueblo; Colorado Springs

Maercklein, Wallace W; Evergreen
Malburg, Bernard J; Craig
Manalo, Antonio S; Springfield
Marasco, Paul B; Grand Junction
Martin, Christopher H; Sun City AZ
Martin, Theodore E; Rocky Ford
Martin, William M; Aurora
Maurer, Lawrence E; Boulder
McDonnel, Gerald E; Fowler
McGowan, Robert A; Buena Vista
McInerney, John R Jr; Golden
McWilliams, John E; Colorado Springs
Merritt, Edward G; Dolores; Cortez
Meyer, Ronald W; Gunnison
Michael, Joyce E; Colorado Springs
Momii, Dick D; Denver
Monahan, E P Jr; Craig
Morrell, Robert M; Sun City AZ
Mosko, Joel; Denver
Mullinaux, Ernest B; Aurora
Myers, R Douglas; Lakewood; Golden

Narvaez, Roger W; La Junta
Norton, John T; Denver; Parker

O'Neill, John J; Fort Collins
Odekirk, Larry L; Aurora; Castle Pines
Oelrich, Carl D; Greeley
Ogden, McAlpine P; Boulder
Ollhoff, Harold J; Sterling
Opatowski, Michael B; Denver
Orr, Edwin R; Fruita
Orsborn, George E Jr; Denver; Wheat Ridge
Overturf, Bruce R; Fort Morgan

Page, Doris A; Denver
Parry, Thomas M; Edgewater; Lakewood
Perry, Robert B; Littleton
Powell, Thomas T; Golden; Lakewood
Prenzlau, Werner S; Denver

Ramo, Leon; Denver
Retallack, Louis L; Denver
Richards, Robert B; Fort Morgan
Roberts, Donald G; Lakewood; Golden

Roberts, Emil L; Pueblo; Fowler
Ross, Clarence L; Burlington
Ruddell, James W; Alamosa
Ryan, Michael P; Lakewood

Sadler, Dean L; Lakewood
Sassano, Eugene; Wheat Ridge; Golden
Satt, James M; Rocky Ford
Scarinzi, Hugo J; Flagler
Schmidt, Robert L; Delano CA
Schwab, Irving H; Colorado Springs
Shand, J Alan; La Junta
Shaver, Charles R; Montrose
Sherman, Leon H; Lakewood
Shidler, Elmore J; Denver
Shwayder, Reynold I; Greeley
Simpson, George R; Grand Junction
Smith, Harold J; Beulah
Snyder, Robert; Denver
Sprague, Dawin C; Johnstown
Squires, Robert S; Denver
Stahl, Larry G; Sterling
Starr, Robert R; Denver
Steinberg, Thomas I; Vail
Stutzman, Howard E; La Junta
Swartz, Carl W Jr; Pueblo

Thode, Henry P Jr; Fort Collins
Thron, Ann L; Boulder
Thumim, Martin B; Lakewood; Littleton
Townsley, Harry E; Colorado Springs

Vandiver, G H; La Junta
VanHardenbroek, Mechteld; Grand Junction
Vialpando, Arthur B; Walsenburg
Visconti, Francis T; Trinidad

Wagschal, Rolf; Denver
Ward, Robert G; Holly
Warren, D Mark; Denver
Watts, Walter H; Security
Weaver, John A Jr; Greeley
Weber, Clayton C; La Junta
Wherry, Franklin P; Lincoln City OR
Wight, Willard R; Las Animas
Wilcox, Le Roy A; Friendswood TX
Williams, George S Jr; Fort Collins
Winans, Robert E; Monument
Wolfe, Roy E; Boulder; Broomfield
Woodward, Paul E; Fort Morgan

Zarlengo, Roland J; Denver
Zimmer, James A; Security
Zimmerman, Dudley C; Sterling

GENERAL PREVENTIVE MED

Brethouwer, N Robert; Montrose

Cabanilla, B Rodrigo; Littleton
Curry, Marcia F; Denver

Greenheck, Robert R; Denver; Aurora

Hattem, Albert R; Fort Lupton; Denver
Hoffman, Richard E; Denver; Golden

Kornberg, James P; Boulder

Loeppke, Ronald R; Greeley
Lucas, John L; Denver; Littleton

Mangione, Ellen J; Denver
McDaniel, Janice R; Grand Junction
Miller, Charles H; Lakewood

Ogden, McAlpine P; Boulder

Reed, William L; Grand Junction

Satt, James M; Rocky Ford
Sbarbaro, John A; Denver

Thron, Ann L; Boulder
Thron, Ann L; Boulder

Whitcomb, Harold C Jr; Aspen
White, Carleton B; Littleton

Yoder, Franklin D; Greeley

GENERAL SURGERY

Abernathy, Charles M Jr; Denver
Abrums, William W; Denver
Aragon, Guillermo E; Denver
Arguello-Rudin, Oscar G; Colorado Springs
Artist, E J; Greeley
Axtell, H Kent; Lakewood
Axthelm, Stephen C; Grand Junction

Baer, Sylvan B; Denver; Englewood
Balkin, Gilbert; Denver
Barber, Edgar W; Denver
Barkett, V Michael; Salida
Baumgartel, Earl D; Loveland
Baumgartner, Robert B; La Junta
Becker, Paul G; Denver
Berg, Kevin R; Longmont
Blakely, Charles A; Grand Junction
Bondi, Raymond G; Denver
Bostrom, Paul D; Dolores; Cortez
Bramley, Howard F; Englewood
Brennan, Joseph A; Denver; Englewood
Brightwell, Nathan L; Colorado Springs
Burrow, Claude H; Boulder
Butler, Harrison G III; Durango
Butler, Larry J; Colorado Springs

Cantu, Cesar R; Denver
Cedarblade, Vincent G; Las Vegas NV
Chaffee, Charles B; Wheat Ridge; Denver
Chambers, William C Jr; Colorado Springs
Chiavetta, Thomas G; Fort Collins
Childs, Samuel B; Englewood
Clark, David G; Englewood
Cleveland, Henry C; Denver
Cline, Donald W; Salida
Collins, Jerome S; Loveland
Collins, John A; Fort Morgan
Condon, William B; Denver
Conner, Donald J; Englewood; Denver
Coppinger, William R; Virginia Beach VA
Coulter, Robert L Jr; Wheat Ridge

Daniels, Bernard T; Greeley
Day, John R M; Boulder
Deaver, David C III; Durango
Delauro, John E; Aurora; Denver
Deroos, James J; Denver
DeTar, George F; Colorado Springs
Dickinson, Theodore C; Montrose
Douglas, Kenneth R; Wheat Ridge; Arvada
Dumm, James B; Denver
Duncan, Diane; Lubbock TX; Fort Collins

Eckhout, Gifford V; Denver
Ehrichs, Edward L Jr; Aurora
Eiseman, Ben; Denver; Englewood
Elo, Denis R; Loveland
Emmanuel, Samuel; Englewood
Engel, Stephen; Denver

Faraci, Robert P; Denver
Fenoglio, Michael; Denver
Fisher, H Calvin; Colorado Springs
Forman, Ernest E; Denver; Lakewood
Freeman, Ann E; Boulder

Gale, Scott A Jr; Fort Collins
Gallagher, John Q; Denver; Littleton
Gay, Kent E; La Junta
Gerner, Robert E; Vail
Gerrard-Gough, Brodie; Colorado Springs
Ghaibeh, Ousama; Lamar
Gibson, James D; Waikoloa HI; Indian Hills
Giffin, James M; Delta
Giffin, Lewis A; Delta
Gildersleeve, Robert G; Cortez
Gilmore, Bruce T; Greeley
Gipson, Bernard F Sr; Denver
Goggans, Walter H; Denver
Grana, Arthur J; Colorado Springs
Groves, Fred B; Greeley

Haley, James S; Longmont
Halgrimson, Charles G; Denver
Halley, Tullius W; Durango
Harrison, Robin A; Boulder
Harwood, James T; Denver; Englewood
Hattel, Nick D; Delta
Haun, William E; Denver; Englewood
Henderson, James A; Denver
Henson, Stanley W Jr; Fort Collins
Hermann, Gilbert; Denver
Hildebrand, Jan S; Canon City
Hohm, Richard A; Fort Collins
Hornbaker, Charles L; Colorado Springs
Howe, Gerald E; Cortez
Howlett, Roger G; Arvada
Hoyle, Clifford L; Pueblo
Hughes, Robert H; Aurora
Humm, John J; Aurora
Hutchison, David E; Denver

James, Albert E; Denver
James, David R; Craig
Jennings, R Lee; Denver; Englewood
Johnson, Bruce M; Pueblo
Johnson, Marvin E; Carmichael CA
Johs, Stephen M; Boulder
Jones, Arthur F; Wheat Ridge; Lakewood
Jones, Charles G; Boulder
Jones, Harry D; Longmont

Kashuk, Jeffry L; Thornton
Kempers, Glenn R; Grand Junction
Kennedy, Louis J; Colorado Springs
Kimball, N Curtis; Sterling
King, Michael L; Pueblo
King, Otis J Jr; Castle Rock
Kircher, Lorence T Jr; Colorado Springs
Kirshenbaum, Gerald; Aurora; Englewood
Kortz, Allan B; Englewood; Denver

Kortz, Warren J; Englewood
Kramish, David; Denver
Kukral, Albert J; Lakewood

Lampe, John A; Wheat Ridge; Denver
Larkin, James M; Colorado Springs
Lavanway, James M; Colorado Springs
Law, Dennis K; Wheat Ridge; Littleton
Leonardi, Leo J; Salida
Levine, Samuel; Littleton
Ley, Eugene B; Canon City
Liddle, Edward B Jr; Colorado Springs
Light, Mason M; Gunnison
Lindeman, George M; Colorado Springs
Linnemeyer, Robert F; Grand Junction
Lipan, Edward M; Denver; Englewood
Lloyd, William E; Colorado Springs
Lokey, Hamilton Jr; Wheat Ridge
Long, David M; Denver; Boulder
Lopez, Edward M; Sterling
Loyd, Robert G; Wray
Luter, Patrick W; Durango

MacLeod, William A J; Alamosa
MacMillan, Hugh A; Denver
MacPhee, William M; Aurora; Denver
Mains, Charles W; Lakewood; Golden
Major, Joseph J; Denver; Englewood
Mangum, William K; Greeley
Mastro, Edward R; Pueblo
McCarthy, Howard L; Englewood
McColl, Harry A Jr; Colorado Springs
McCroskey, Brian L; Denver
McCurdy, Robert E; Denver
McDivitt, Robert B; Greeley
McElfatrick, Robert A; Denver
McGill, Joseph J; Denver
McGuire, Brian M; Denver; Lakewood
McKnight, James H Jr; Sterling
Mebane, David M; Montrose
Melzer, Robert B; Denver; Englewood
Merrill, Joseph G; Grand Junction
Meyers, Barry E; Denver
Miller, Denise M; Longmont
Moncy, Ellen L; Wheat Ridge; Evergreen
Monsour, James W; Denver
Montrey, Jill S; Englewood; Denver
Mooney, Herbert S Jr; Longmont
Moore, Ernest E Jr; Denver
Moore, Frederick A; Denver
Moore, George E; Denver; Conifer
Moore, John B; Lakewood
Moore, John T; Aurora; Highlands Ranch
Moss, G Wayne; Lakewood
Mozia, Nelson I; Wheat Ridge; Golden
Mubarak, Asa'ad A; Wheat Ridge; Englewood
Murley, Gordon D; Pueblo

Narrod, James A; Denver
Neeley, George R; Wheat Ridge; Evergreen
Nicolay, Donald L; Boulder

O'Rourke, P Terrence; Colorado Springs
Olson, Laurel M; Aspen
Olson, Robert H; Wheat Ridge; Golden
Oram-Smith, Jeffrey C; Colorado Springs
Otteman, Merlin G; Fort Collins
Overett, Thomas K; Denver
Owens, J Cuthbert; Denver; Englewood

Palmieri, Anthony J; Aurora
Parsons, Donald W; Denver; Littleton
Pash, Robert; Denver
Peck, Mordant E; Denver
Peetz, Michael E; Greeley
Penix, Lex L; Denver
Petersen, Warren A; Grand Junction
Plaus, William J; Denver
Polevoy, Ira S; Lakewood; Evergreen
Poliakoff, Claude S; Colorado Springs
Poucel, Jean-Georges; Aurora
Preshaw, D Edwin; Littleton
Price, Jerry G; Denver; Englewood
Prinzing, J Fredric Jr; Denver

Quinn, Richert E Jr; Greeley

Radway, Paul R; Pueblo
Rainer, William G Jr; Denver
Ratzer, Erick R; Denver; Littleton
Reckler, Sidney M; Denver
Reich, Marshall P; Aurora; Denver
Reimers, Wilbur L; Denver
Robinson, William M M; Cedar Mtn NC
Roos, David B; Denver; Littleton
Rose, Virgil J; Denver; Brighton
Rosen, Peter; Denver
Rosenberger, Alan B; Wheat Ridge; Lakewood
Rothhammer, Amilu S; Colorado Springs
Rubinson, Samuel M; Colorado Springs
Ruddell, James W; Alamosa
Ryan, Michael P; Lakewood

Salata, John R; Colorado Springs
Sampath, Kulasekhar; Pueblo
Sanidas, John D; Denver
Sawyer, Robert B; Denver
Schechter, Philip A; Littleton; Englewood
Schiefen, James C; Imperial NE
Schmitt, Edward A; Colorado Springs
Schmitt, Henry J Jr; Colorado Springs
Schneider, Herbert H; Pueblo
Schultz, Norman J; Wheat Ridge
Schultz, Randall R; Durango
Schwartz, Arthur A; Aspen
Seagraves, Mary A; Colorado Springs
Shaban, Husam M; Wheat Ridge; Englewood
Shanks, W George; Grand Junction
Sherman, Leon H; Lakewood
Simon, John S; Denver
Simpson, George R; Grand Junction
Sims, John A; Colorado Springs
Smiley, John W; Denver
Smith, Edwin R; Denver; Englewood
Smith, Jerry; Denver
Spencer, J Robert; Aurora
Spokas, Frank J Jr; Trinidad
Stabler, Lairie O; La Junta
Stahlgren, LeRoy H; Denver
Stephenson, Philip L; Wichita Falls TX
Stirman, Jerry A; Glenwood Springs

Takeno, M George; Englewood
Temple, Donald R; Denver; Englewood
Thomas, H Dale; La Jara
Thompson, Keith E; Greeley
Tupper, Harvey M; Grand Junction
Tutt, George O Jr; Fort Collins
Tyburczy, Joseph A Jr; Brighton

Varnell, Jeffrey L; Aurora; Englewood
Voiles, J David; Fort Collins
Vu, Thuan Q; Denver

Warren, Herrick S; Wheat Ridge; Denver
Waters, Robert M; Boulder
Weaver, John A Jr; Greeley
Weaver, William D; Brighton; Lakewood
Weston, Eugene L; Wheat Ridge; Golden
Wheeler, James R; Greeley
Wiege, Eugene A; Greeley
Williams, J Stewart; Evergreen; Golden
Williams, Richard W; Littleton; Englewood
Wilson, Ben J; Phoenix AZ
Wilson, Robert E; Denver
Winder, Denis J; Durango
Wise, James K; Fort Collins
Wollgast, George F; Englewood
Wolz, John F; Fort Morgan
Woodruff, Robert; Denver
Woods, Susan E; Fort Collins
Wotkyns, Roger S; Wheat Ridge; Lakewood

Yajko, R Douglas; Glenwood Springs
Yee, Edward S; Colorado Springs
Yukl, Richard L; Denver

Zick, H Rolan; Boulder

GENETICS

Greensher, Arnold; Colorado Springs

Porreco, Richard P; Denver; Englewood

Soper, Harriette C; Grand Junction
Strain, James E; Elk Grove Village IL; Prospect Hts IL

Wexler, Paul; Aurora; Littleton

GERIATRICS

Anneberg, A Lee; Denver

Bagga, Gurbakshish S; Denver
Berg, Mary J; Ordway
Bermingham, Roger P; Fort Collins
Bricker, John W; Denver

Cersonsky, H Sol; Denver
Cole, Norman J; Larkspur
Cook, William R; Denver
Cutts, William B; Greeley

Davis, Telford A; Bayfield; Durango
Doster, Mildred E; Denver

Fishman, Paul J; Denver

Geller, I Benjamin; Denver
Gibson, Matthew L Jr; Aurora

Jardine, Robert L; Denver

Kano, Jane S; Denver
Kilpatrick, David M; Sterling

Lovell, Kenneth R; Colorado Springs

Martin, William M; Aurora
McCarty, David W IV; Longmont
McClellan, Charles W; Colorado Springs
McGlone, Frank B; Denver; Littleton
McWilliams, John E; Colorado Springs



Special Residences for People with Special Needs.

Some seniors are basically active and self-sufficient, but sometimes need help with daily activities like bathing, grooming, dressing or taking medication. A nursing home isn't the answer, a little more care is—Personal Care Suites at Parkplace.

Personal care residents enjoy the independence and privacy of luxury apartment suites, while benefitting from individualized assistance by our caring, concerned staff. Licensed nurses are on duty 24-hours a day, 3 meals are served daily in the private dining room and each suite has an emergency-call system. There are special Personal Care lifestyle amenities, too.

If you, a friend or relative want independence, privacy, companionship and security, but need a little help to maintain it, Personal Care, Parkplace style is the choice for peace of mind.

PARKPLACE

Personal Care Suites at Parkplace
On the park at
Speer & Emerson. 744-0400

Moore, Cyril S C; Denver
Murphy, James T; Boulder

Rest, Arthur; Denver

Stelle, Robert E; Colorado City
Stevenson, Chester P; Grand Junction

Tedeschi, John P; Colorado Springs

Vest, Walter E Jr; Denver

Williams, Lester L; Colorado Springs

GYNECOLOGY

Abelman, Maxwell A; Denver
Abrams, Fredrick R; Aurora; Denver
Anderl, Vernon K; Englewood
Austin, Robert C Jr; Littleton; Englewood

Bernstein, Udell L; Denver
Brethouwer, N Robert; Montrose
Buchanan, Kay M; Colorado Springs

Carpenter, David E; Wheat Ridge; Arvada
Caskey, Jack B Jr; Aspen
Cedars, Leonard A; Littleton; Englewood
Coringrato, Mario A; Lakewood
Cowgill, Joseph S; Boulder

Foley, Thomas H; Denver; Englewood
Foust, G T Jim Sr; Denver
Freed, Charles R; Denver

Goddard, William B; Lakewood; Wheat Ridge

Grund, Walter J; Littleton

Hahn, Robert W; Colorado Springs
Hannah, Stanley L; Denver; Englewood
Hepner, Harold J; Denver; Englewood
Hibbard, H David; Louisville; Boulder

Inkret, William Jr; Denver

Kennedy, James R; Colorado Springs
Kopelman, J Joshua; Aurora

Lane, Richard A; Boulder
Lombardi, James C; Englewood; Denver
Lord, Edward L; Aurora

Mack, Marjorie A; Aurora
Major, Francis J; Denver; Englewood
Maxwell, James H; Colorado Springs
Moore, Michael L; Denver; Englewood
Muffly, Harry M; Englewood; Littleton

Nethery, Raymond A; Pueblo; Modesto CA

O'Neill, John J; Fort Collins

Patterson, James R; Englewood
Penner, Clyde E; Englewood
Potestio, Frank S; Englewood; Parker

Richards, Bruce C; Lakewood
Roberts, Jerry R; Colorado Springs

Shepherd, Janet E; Boulder
Sherrod, Dale B; Longmont
Shields, Lloyd V; Denver
Short, William F; Colorado Springs
Silverberg, Stuart O; Westminster; Golden
Stewart, Robert J; Denver
Straits, B Joan; Wheat Ridge
Stringfellow, Roy C Jr; Colorado Springs

Taylor, E Stewart; Denver
Trousdale, William E; Colorado Springs
Tworoger, Fred A; Fraser

Voss, Richard G; Fort Collins

Watson, Edward R; Aspen
Wexler, Paul; Aurora; Littleton
Williams, Derek W; Aurora; Englewood
Wilson, Don E; Longmont
Wilson, William B Jr; Denver; Littleton
Wittenberg, Ernst; Boulder
Woodard, W Donald; Denver

HAND SURGERY

Arganese, Thomas J; Denver; Englewood

Benton, Louis J; Denver
Boswick, John A Jr; Denver; Englewood
Britton, James A; Longmont
Buck, Peter G; Boulder
Burrow, Claude H; Boulder
Bussey, Randy M; Greeley

Charles, David M; Denver
Clayton, Mack L; Denver
Conyers, David J; Denver
Cramer, Lester M; Colorado Springs

Derkash, Robert S; Glenwood Springs

Ferlic, Donald C; Denver
Foster, Robert J; Colorado Springs
Fry, Thomas G; Wheat Ridge; Golden

German, Charles; Englewood
Gordon, Lee; Fort Collins

Hamlin, Charles; Denver
Horner, Robert L; Denver; Englewood

Janson, Richard A; Grand Junction

Larson, Wallace K; Colorado Springs
Luekens, Claude A Jr; El Paso TX

McCulloch, Alexander T Jr; Colorado Springs
Merkel, William D; Grand Junction
Muffly, James T; Englewood

Parks, B Jefferson; Wheat Ridge
Payea, Norman P II; Lakewood; Wheat Ridge
Pise, Gerald J; Colorado Springs
Powers, Robert C; Englewood; Denver

Rodriguez, Jose L; Glenwood Springs

Saber, William L; Denver; Golden
Schmidt, Douglas R; Denver
Scott, Francis A; Denver; Englewood
Serota, Joseph F; Aurora; Englewood
Shesol, Barry F; Aurora
Sobel, Roger M; Fort Collins
Sumners, Thomas C; Denver

Waldrop, William L; Grand Junction
Walker, Ian G; Colorado Springs
Weingarten, Peter L; Aurora; Englewood
Wilson, Christopher S; Wheat Ridge; Denver

Yocum, Harold A; Denver; Golden

Zbylski, Joseph R; Denver; Englewood

HEAD & NECK SURGERY

Albin, Richard E; Denver

Bedard, Charles H; Pueblo
Berlin, Barry P; Littleton
Burgert, Paul H; Glenwood Springs

Carris, James V; Colorado Springs

Dart, Douglas J; Boulder
Demshki, Andrew E Jr; Pueblo

Edgerton, J Craig; Durango
English, Gerald M; Englewood; Denver
Ernster, Joel A; Colorado Springs

German, Charles; Englewood

Hohengarten, John H; Colorado Springs

Kinzler, Dale L; Arvada
Krekorian, Edmund A; Denver; Aurora
Kreutzer, Erik W; Lakewood; Denver

McColl, Harry A Jr; Colorado Springs
Merkel, William D; Grand Junction

Nelson, William R; Denver

Pruitt, J C; Colorado Springs

Rodriguez, Jose L; Glenwood Springs

Saber, William L; Denver; Golden
Schaler, Richard E; Englewood
Schmidt, Douglas R; Denver
Silveira, M Beatriz; Aurora
Smith, Brent J; Denver; Englewood
Smith, Bruce M; Fort Collins
Sumners, Thomas C; Denver

Tralla, Michael A; Denver; Cherry Hills Village
Tutt, George O Jr; Fort Collins

Zbylski, Joseph R; Denver; Englewood

HEMATOLOGY

Altshuler, John H; Denver; Englewood

Bakemeier, Richard F; Denver
Booth, Richard R; Fort Collins
Bourg, Wilson C III; Lakewood

Caskey, Jennifer H; Wheat Ridge
Curfman, George H Jr; Denver

Daneshbod-Skibba, Ghodsi; Arvada
Dawson, Donald L; Colorado Springs
DiBella, Nicholas J; Aurora; Parker

Fangman, Michael P; Fort Collins
Fink, Kyle M; Denver
Fisher, Thomas C; Fort Collins

Gray, Jan L; Lakewood; Golden

Heller, Henry M; Durango

Kovachy, Robin J; Englewood; Aurora

Lavrinets, David A; Longmont
Link, David B; Littleton

Martz, David C; Colorado Springs
Matchett, Kenneth M Jr; Grand Junction
Moran, Patrick L; Boulder

Napoli, J Nicholas; Lakewood

Otsuka, Alvin L; Denver

Pajon, Eduardo R Jr; Aurora; Parker

Reiquam, C W; Denver; Lakewood
Rubinowitz, Martin J; Denver

Settipani, Frank L; Pueblo
Sikand, Gita S; Denver; Englewood
Sitarik, Mark A; Boulder
Stone, Michael D; Greeley

Tolley, Russell C; Denver
Tubergen, David G; Denver

White, Madeline J; Denver

HYPNOSIS

Bermingham, Roger P; Fort Collins
Brethouwer, N Robert; Montrose

Gibson, Richard W; Boulder

Leistikow, David C; Broomfield
Levy, Irwin B; Denver

Perry, Robert B; Littleton
Piper, James C; Grand Junction

Stevens, Wayne E; Lakewood

IMMUNOLOGY

Gabelman, Omer P; Grand Junction; Kennewick WA
Golbert, Thomas M; Lakewood; Denver

Luzietti, Richard G; Aurora; Littleton

Mason, Ulysses G III; Denver

Shira, James E; Denver; Englewood

IMMUNOPATHOLOGY

Sciotto, Cosimo G; Colorado Springs

INDUSTRIAL MEDICINE

Becky, Joseph R; Denver
Blanchard, Thomas J; Commerce City; Northglenn
Bowling, F Lee; Englewood
Bramer, Clifford F; Laguna Niguel CA; Pueblo

Carroll, Charles A; Fort Collins

Gardner, Joseph H; Evergreen
Geesaman, Richard E; Boulder
Gilman, Harold E; Rancho Mirage CA
Greenheck, Robert R; Denver; Aurora

Kornberg, James P; Boulder

Roth, Henry J; Denver; Englewood

Shoemaker, Larry D; Colorado Springs; Monument
Shwayder, Aaron J; Denver
Steinberg, Thomas I; Vail

Weaver, Robert H; Denver; Golden
White, Carleton B; Littleton

Young, Robert S Sr; Palm Springs CA

INFECTIOUS DISEASES

Baines, R Dixie Jr; Denver; Littleton
Brandt, David; Boulder

Cox, Robert L; Denver; Englewood

Eickhoff, Theodore C; Denver; Littleton

Golub, Burton P; Denver; Golden
Gulinson, Jordan E; Denver

Karakusis, Peter H; Denver; Highlands Ranch
Kearns, Donald H; Denver

Schafer, Larry A; Wheat Ridge; Arvada
Strandberg, Donald A; Colorado Springs

Wright, Richard A; Denver

INFERTILITY

Abelman, Maxwell A; Denver

Bernstein, Leonard D; Thornton
Burke, James M; Aspen; Snowmass Village

Carris, Craig K; Colorado Springs
Cedars, Leonard A; Littleton; Englewood
Chatfield, John N Jr; Colorado Springs
Chisholm, John W; Denver
Cole, Norman G Jr; Colorado Springs

Ford, Jack; Colorado Springs
Foulk, Arnold R Jr; Greeley
Foust, G T Jim Sr; Denver
Foust, Glenn T III; Denver

Goodman, Reid A; Denver; Englewood
Gottesfeld, Ray L; Denver
Griffith, William F III; Aurora
Grossman, Fred; Denver

Hackett, Robert D; Grand Junction
Hahn, Robert W; Colorado Springs
Hartman, James F; Denver
Heavrin, John S; Lakewood; Littleton
Hepner, Harold J; Denver; Englewood
Hlavaty, Vaclav; Thornton; Denver

Inkret, William Jr; Denver

Jacobs, Herbert L; Denver

Kopelman, J Joshua; Aurora

Lane, Richard A; Boulder
Lee, William H; Littleton
Ludwin, Gary A; Fort Collins

Moore, Michael L; Denver; Englewood
Muffly, Harry M; Englewood; Littleton

Nicks, Frank I Jr; Colorado Springs

O'Donnell, James A; Glenwood Springs
O'Neill, John J; Fort Collins

Patterson, James R; Englewood

Reitinger, Russell G; Longmont

Shields, Lloyd V; Denver

Vargas, Peter A; Denver

Watson, Edward R; Aspen
Weisbrod, Dennis M; Denver; Englewood
Wexler, Paul; Aurora; Littleton
Woodard, Don E; Englewood; Denver

INTERNAL MEDICINE

Abbey, David M; Fort Collins
Abbey, William S; Fort Collins
Ackerly, Roscoe H; Pueblo
Adams, Ralph W; Colorado Springs
Aikawa, Jerry K; Denver
Albrecht, David W; Colorado Springs
Aldrich, Franklin D; Boulder
Alexander, Martin M; Denver
Alford, William P; Denver
Allen, David K; Fort Collins
Anderson, Paul N; Colorado Springs
Anger, Michael S; Lakewood; Aurora
Anneberg, A Lee; Denver
Ansfield, Michael J; Colorado Springs
Apke, Richard J; Denver
Appelbaum, Jerry J; Denver
Armstrong, George W III; Denver
Armstrong, John P; Gunnison
Arndt, Karl; Denver
Arnot, Charles W; Pueblo
Augustitus, V Karen; Lakewood
Avery, John S; Boulder

Backup, Linda D; Longmont; Lyons
Bagale, Elia J; Pueblo
Baines, R Dixie Jr; Denver; Littleton
Bakemeier, Richard F; Denver
Baker, Pete H; Englewood
Ball, John H; Colorado Springs
Barber, Donn J; Greeley
Barlow, Michael C; Aurora
Bartecchi, Carl E; Pueblo
Baughman, Jack L; Denver
Bays, Claud A; Denver
Beach, Don E; Delta
Bechtel, Joel J; Grand Junction
Becky, Frank R; Englewood
Benchwick, Paul L; Colorado Springs
Benedict, Claudia K; Denver
Benner, Miriam C; Denver
Bennett, Willis L; Denver
Berenbeim, David M; Littleton; Englewood
Berg, Robert N; Denver; Englewood
Berkbigler, Dale T; Del Norte
Bernton, J Tashof; Denver
Berris, Robert F; Denver
Berry, William R; Longmont
Bershof, Edward; Denver
Betzer, Laura K; Wheat Ridge; Evergreen
Bigelow, D Boyd; Denver
Bildstein, Rodger D; Colorado Springs
Blanchet, William L; Boulder
Blaney, Loren F; Denver
Blayney, Robert L; Littleton; Denver
Blonder, Ronald D; Colorado Springs
Bodnar, Judith K; Aurora
Bogin, Robert M; Denver
Bortz, Alan I; Littleton; Denver
Bosworth, Robert G Jr; Denver
Boulder, Joel C; Littleton; Denver
Bowles, Roger E; Littleton
Bramschreiber, Jerome L; Colorado Springs
Brandt, David; Boulder
Brennan, Michael W; Denver
Bricker, John W; Denver
Briggs, Gordon W; Denver
Broughton, Joseph O Jr; Denver
Brown, Gerald D; Littleton
Brown, Stephen T III; Pueblo

Brubaker, William H; Boulder
Buchanan, Daniel H Jr; Denver
Buckley, John E; Denver
Bull, Malcolm I; Grand Junction
Burch, William D; Greeley
Burgess, Alan W; Denver; Englewood
Burton, Richard M; Colorado Springs
Bush, James F; Fort Collins

Callaghan, Rachel J; Steamboat Springs
Campbell, Frank C; Denver; Englewood
Canaday, Peter G; Denver
Capek, Richard B Jr; Englewood; Denver
Carlin, Allan W; Wheat Ridge
Carlson, H Blair; Denver
Carson, Richard; Littleton; Englewood
Cash, Robert L; Greeley
Chamberlain, Thomas J; Montrose
Chapman, Robert G; Denver
Chase, Jerry A; Loveland
Christopher, Kent L; Denver
Clapp, Harry W; Ordway
Clark, Phyllis V; Colorado Springs
Clarke, J Philip; Denver; Englewood
Clifford, Nathan J; Greeley
Clutter, Joseph S; Pueblo
Cochrane, David R; Denver; Englewood
Cohen, Milton I; Colorado Springs
Coleman, Thomas H; Denver
Comer, Hugh T; Delta
Cone, Ross B; Denver
Contiguglia, S Robert; Denver
Coogan, Mary A; Denver
Cook, Julius E; Colorado Springs
Cook, William R; Denver
Coonan, John E; Wheat Ridge; Golden
Coulehan, Lawrence T; Denver
Cox, Robert L; Denver; Englewood
Crowe, Daniel J; Colorado Springs
Crumbaker, Victor A; Grand Junction
Cullen, Richard C; Aurora
Culver, William G; Loveland
Curfman, George H Jr; Denver
Cutts, William B; Greeley

Dappen, Robert W; Fort Collins
Davidson, Allan B; Colorado Springs
Davis, Charles A; Wheat Ridge
Dempsey, Edward C; Denver
Dernovsek, Kenneth D; Pueblo
DiBella, Nicholas J; Aurora; Parker
Dobbs, Aubrey R; Denver
Domaleski, Robert P; Wheat Ridge
Donahue, Lawrence P; Colorado Springs
Donovan, Edward J; Denver
Downs, David A; Denver
Drake, Robert L; Pueblo
Dreher, William H; Grand Junction
Dubin, Frank I; Denver
Duckett, Lisa L; Denver; Littleton
Duman, Louis J; Denver
Dunlop, Gentry R Jr; Aurora

Echternacht, Fred J; Littleton
Eck, Frederick J Jr; Vail
Edwards, John A; Denver; Englewood
Edwards, Stanley O; Greeley
Eickhoff, Theodore C; Denver; Littleton
Eidsvoog, Carol A; Aurora
Eifert, Earl D; Pueblo
Eisele, C Wesley; Englewood
Elles, Mark E; Denver; Aurora

Ellias, Andrew R; Colorado Springs
Ellis, Robert H; Fort Collins
Erben, Ivo; Denver; Arvada
Erfling, William F; Boulder

Fabec, Sally L; Trinidad
Fagan, Michael C; Aurora
Fangman, Michael P; Fort Collins
Farabaugh, Leonard J; Pueblo
Farrington, John F; Boulder
Fell, William F Jr; Aurora
Ferguson, Stuart R; Denver
Fineman, Bruce G; Denver
Firth, Michael G; Alamosa
Fisher, Thomas C; Fort Collins
Fitzmaurice, Kevin J; Denver
Fliegelman, Martin J; Denver; Englewood
Foe, Richard B; Greeley
Fouts, Terry L; Pueblo
Frank, Lorenz S; Littleton
Friedland, Joseph D; Denver
Friedman, H Harold; Denver
Furlong, N Kenneth; Denver; Arvada

Gabow, Patricia A; Denver
Gaide, Thomas K; Pueblo
Gardner, John W; Pueblo
Garlick, Ivor; Denver
Garrow, George C; Aurora
Gelman, Lloyd D; Boulder
Gerber, Michael J; Wheat Ridge; Denver
Gheen, Kenneth M; Colorado Springs
Giansiracusa, Richard F; Loveland
Gillesby, Robert J; Denver; Littleton
Gilmer, T Scott; Aurora
Gipson, William T Jr; Parker
Glann, Alan S; Durango
Glassman, Kenneth P; Denver
Glassman, Michael H; Denver; Aurora
Glode, John E; Longmont; Hygiene
Goff, John S; Denver
Golub, Burton P; Denver; Golden
Good, Richard L; Littleton
Goodman, Stephen B; Littleton
Gorshow, Stephen M; Denver
Gottlieb, Thomas B; Arvada
Grady, James R; Boulder
Graf, Paula; Fort Collins
Graham, Rebecca S; Denver
Green, Thomas F Jr; Denver
Greenberg, David I; Colorado Springs
Grenoble, David C; Durango
Grosboll, Edward E; Loveland
Guillory, Gerard L; Aurora
Gulinson, Jordan E; Denver
Gunstream, Stanley R; Fort Collins

Haimes, Mark D; Boulder
Hamilton, Richard; Denver
Hanna, Philip D; Englewood
Hansen, Richard N; Englewood
Harrod, C Scott; Alamosa
Harvey, Robert P; Denver
Hashimoto, Christine; Denver
Hatfield, Wendell; Littleton
Haygood, Thomas A; Fort Collins
Hays, John C; Colorado Springs
Hazel, Woodrow S; Denver
Headley, David L; Colorado Springs
Heaton, Angeline D; Denver
Hedberg, John; Denver
Heller, Henry M; Durango
Hibbard, H David; Louisville; Boulder
Higgins, Andrew G; Denver; Wheat Ridge
Higgins, Thomas; Boulder
Hillman, John D; Colorado Springs
Hilty, Daniel E; Wheat Ridge; Arvada
Hilty, Raymond W Jr; Boulder
Hiner, John M; Brighton
Hoffenberg, Stephen R; Denver
Hofflin, Jesse M; Colorado Springs
Hoffman, James F; Fort Collins
Holman, Andrew J; Denver
Holt, Peter B; Longmont
Homburg, Robert C; Fort Collins
Honea, Bertrand N III; Laramie WY
Hopf, Timothy R; Denver
Hoyer, J Scott; Aurora
Huber, James A; Denver; Englewood
Huffman, David H; Colorado Springs
Hughes, Clarence O Jr; Englewood
Hund, Frederick W; Glenwood Springs; Carbondale
Husted, Joel R; Boulder
Huston, Jeffrey D; Denver; Littleton

Ippen, Gregory A; Denver

Jacobs, Alexander; Denver
James, Lynn A; Grand Junction
Jantz, Richard D; Denver
Jensen, Laurence G; Pueblo
Jensen, Susan R; Colorado Springs
Jimenez, Guilebaldo E; Trinidad
Johnson, Melvin A; Denver
Johnson, Richard W; Fort Collins
Jones, Everette G; Denver; Golden

Kading, Steven O; Greeley
Kane, Francis C; Laguna Hills CA
Kane, Gregory A; Denver; Littleton
Kanowitz, Arthur; Denver; Englewood
Kantor, Robert S; Denver
Karakusis, Peter H; Denver; Highlands Ranch
Karel, James L; Denver; Wheat Ridge
Kassan, Stuart S; Wheat Ridge; Denver
Kauvar, Abraham J; Denver
Kelble, David L; Denver; Evergreen
Kennison, Herbert B Jr; Denver
Kent, Robert H; Colorado Springs
Kief, Jan M; Arvada
Kilpatrick, David M; Sterling
Klein, Melvyn H; Denver; Englewood
Kluck, Clarence J; Englewood
Knight, Robert A; Arvada; Golden
Koelsch, Harmut W; Longmont
Kraus, G Thomas; Aurora
Krebs, Richard A; Wheat Ridge
Krieger, Gary R; Golden; Boulder
Kroger, J Stephen; Longmont
Kuhn, Kathleen R; Aurora; Denver
Kulik, Janice E; Pueblo

Laman, Muryl L; Pueblo
Lamb, Richard C; Sterling
Lambert, John C; Montrose
Lavrinets, David A; Longmont
Lawrence, W Stewart; Denver
Leder, Eric H; Denver; Englewood
Leder, Max M; Denver
Leder, Robert; Denver; Englewood
Lee, Russell M; Colorado Springs
Lefkowits, Donald J; Denver
Levine, Mark A; Englewood; Aurora
Lindauer-Gosik, Judith A; Golden; Wheat Ridge
Linden, Robert A; Alamosa
Lindquist, Valdemar A Y; Denver; Golden
Lininger, Thomas R; Greeley
Link, David B; Littleton
Livingston, Wallace H; Denver
Lloyd, Leo W; Durango
Lopez, William Jr; Fort Collins
Lower, Dennis L; Greeley
Lowry, Hope; Englewood
Luzietti, Richard G; Aurora; Littleton

MacCarter, Daryl K; Denver
Magraw, Bronwen J; Palisade
Mahony, Thomas H Jr; Denver
Mangione, Ellen J; Denver
Manguso, Robert L; Aurora
Martz, David C; Colorado Springs
Maruca, Joseph; Grand Junction
Matchett, Kenneth M Jr; Grand Junction
Maulitz, Robert M; Denver
Mayeda, Thomas K; Littleton
McCafferty, Bonnie; Littleton
McCallister, Dianne E; Denver
McCallum, Douglas G; Denver
McCartney, Robert D; Denver
McCarty, David W IV; Longmont
McClellan, Charles W; Colorado Springs
McCloskey, Thomas T; Englewood
McDonough, Gilbert L; Denver
McDowell, Marion E; Denver
McGlone, Frank B; Denver; Littleton
McIntyre, Donald O; Lakewood
McKenna, Robert L; Denver
McMahon, B Thomas; Denver
McMahon, Richard T; Denver
Mehler, Robert E; Boulder
Mendenhall, John C; Denver
Mikles, Devin A; Aurora; Denver
Miller, E Eugene; Colorado Springs
Miller, Edward S; Denver
Miller, Eugenia M; Aurora
Miller, James A; Fort Morgan
Miller, Paul D; Lakewood; Wheat Ridge
Miller, Terry D; Wheat Ridge; Arvada
Mink, Barry D; Aspen
Mitchel, Duane H; Denver
Molk, Kevin J; Littleton
Molk, Leizer; Denver
Montbriand, Joel R; Boulder
Moran, Patrick G; Grand Junction
Morgan, Joseph W M; Wheat Ridge
Morton, David E; Pueblo
Morton, G Thomas; Glenwood Springs
Motley, Robert F; Montrose
Mountain, Richard D; Denver; Littleton
Mueller, John F; Denver
Munch, David M; Aurora; Englewood
Murphy, James T; Boulder
Murray, Garvin C; Loveland
Mutz, Austin; Denver

Neal, Billy J; Lakewood; Wheat Ridge
Nibbe, Albert F; Wheat Ridge; Lakewood
Nissim, Joseph J; Longmont; Boulder
Noble, Michael J; Colorado Springs
Norton, John D; Colorado Springs
Nye, John R; Denver

O'Connor, Sharon E; Littleton
O'Dowd, Mary K; Denver
Oakley, Robert D; Denver; Littleton
Olvey, Stuart K; Colorado Springs

Onat, Maurine; Denver; Englewood
Osborn, Mark M; Pueblo
Osborne, Richard B; Greeley
Otsuka, Alvin L; Denver
Oxman, Albert C; Denver

Pace, R Scott; Greeley
Pajon, Eduardo R Jr; Aurora; Parker
Palmer, Walter Lincoln; Chicago IL
Palmquist, David L; Denver
Parker, Kay C; Denver; Morrison
Parsons, Debra J; Denver
Patten, Albert M; Denver
Patz, David S; Grand Junction
Peacock, William F; Littleton
Percefull, Sabin C; Englewood
Peterson, Edwin W; Denver
Peterson, W Peter; Denver
Phillips, Barbara A; Boulder
Phillips, Robert G; Denver
Platt, Frederic W; Denver
Platt, Teresa L; Glenwood Springs
Plunkett, Larry M; Denver
Podlecki, David A; Longmont
Pollock, Caryl J; Colorado Springs
Porter, Robert T; Greeley
Poticha, Gerald S; Littleton; Englewood
Pratt, Elmer B; Littleton
Pratt, Jennifer A; Denver; Aurora

Rademacher, Donald R; Greeley
Radetsky, Paul; Wheat Ridge
Rapp, Barry M; Pueblo
Ratcliff, Ralph G; Denver
Ratner, Karen N; Littleton; Lakewood
Reeves, Robert H; Colorado Springs
Rein, Richard A; Aurora
Repsher, Lawrence H; Wheat Ridge
Rest, Arthur; Denver
Restivo, Jack L; Denver
Reveille, Robert M; Denver
Richardson, J William; Denver
Richman, Lee K; Wheat Ridge; Lakewood
Roberts, Donald M; Denver
Rollins, Donald R; Loveland
Ross, James R; Grand Junction
Rossman, Mitchel G; Boulder
Roth, Henry J; Denver; Englewood
Rothman, David; Denver
Rubinowitz, Martin J; Denver
Ruddy, John R; Denver
Rudolph, Merritt C; Denver; Englewood
Rumley, A S; Fort Collins

Sable, David L; Fort Collins
Salerno, Charles F; Pueblo
Saliman, Alan E; Glenwood Springs
Sandhaus, Robert A; Denver; Littleton
Sands, Arthur C; Fort Collins
Sands, Gary P; Denver; Golden
Sayre, Robert L; Colorado Springs
Sbarbaro, John A; Denver
Schaten, Mark A; Denver; Aurora
Schiller, Carl F; Aspen
Schneider, David J; Denver; Aurora
Schneider, William A; Denver; Englewood
Schocket, Alan L; Denver
Schrier, Robert W; Denver; Englewood
Scott, Stephen C; Denver
Seegers, Winnifred; Englewood; Littleton
Settipani, Frank L; Pueblo
Seydel, Frederick K; Evergreen; Denver
Shealy, Stephen H; Littleton
Sheehan, Mark W; Denver; Englewood
Sheridan, E Paul; Denver
Sherman, Morton E; Aurora; Englewood
Sherman, Susan A; Aurora; Englewood
Shiovitz, William D; Boulder
Shipman, Karl H; Denver
Shore, Roy H; Greeley
Shpall, Zachary I; Denver
Sides, Leroy J; Denver
Singleton, Glenda; Denver
Slonim, N Balfour; Denver
Smith, Christopher F; Aurora; Englewood
Smith, Dale J; Denver; Golden
Smith, G Paul; Grand Junction
Smith, Hubbard W; Greeley
Smith, Raymond H; Colorado Springs
Smith, Thomas R; Pueblo
Snyder, Alan L; Boulder
Solomon, William A; Aurora
Spangler, Michael W; Colorado Springs
Spatt, Peter D; Denver
Spaulding, Duane R; Colorado Springs
Speedie, Douglas K; Delta
Spees, Alan J; Denver; Littleton
Stachler, John M; Pueblo
Stafford, Robert M; Colorado Springs
Steffen, Grant E; Englewood
Stephens, Mark R; Vail
Stephenson, Robert L; Brighton; Denver
Stevenson, Chester P; Grand Junction
Stiff, Kaye L; Wheat Ridge
Stjernholm, James R; Pueblo
Stjernholm, Thomas; Pueblo
Striplin, Michael R; Boulder
Stuebner, Jon W; Aurora; Englewood
Sunderman, Steve R; Alamosa
Sutherland, Jesse O Jr; Denver
Szczukowski, Lorna; Denver

Taguchi, James T; Denver; Littleton
Talley, Richard W; Littleton
Taryle, David A; Denver
Tate, Robert M; Denver
Telatnik, Stephen C; Colorado Springs
Tello, Robert J; Loveland
Tepley, Fred H; Lakewood
Tobin, Peter L; Denver
Tomasso, Gerard I; Glenwood Springs
Tormey, Anthony D; Aurora
Towbin, Milton N; Denver
Truitt, Leigh; Denver
Tulin, Christopher N; Colorado Springs
Turvey, B Edward Jr; Boulder
Tyor, Joseph C; Denver

Unfug, Harry V; Fort Collins

Vancamp, Wesley; Pueblo West
Vanderschouw, H M; Leadville
VanHook, Charles J; Longmont
Velkoff, Michele A; Denver
Vest, Walter E Jr; Denver
Victor, Yona D; Aurora; Parker
VonMinden, Milton C Jr; Colorado Springs
VonRueden, Robert K; Denver; Littleton

Waggener, William J; Loveland; Denver
Wagoner, Katrina M; Denver
Wahl, Ray L Jr; Colorado Springs
Wall, Paul M; Colorado Springs
Wallack, David; Littleton
Walls, Larry D; Pueblo
Warkentin, William J; Aurora
Watt, John E; Greeley
Weber, Bruce J; Aurora
Wehling, Constance L; Pueblo
Weiss, Peter; Denver; Englewood
Weissler, Arnold M; Denver
Weller, William J; Colorado Springs
West, Norman L; South Fork
Wheeler, Leonard; Wheat Ridge
Whitcomb, Harold C Jr; Aspen
White, Madeline J; Denver
Whitehead, Stephen B; Boulder
Wick, James E; Aurora; Denver
Wilcox, George D III; Denver
Williams, John F; Arvada
Williamson, John W; Denver
Wilson, Bruce H; Grand Junction
Wilson, Robert K; Pueblo
Wong, Bert Y; Colorado Springs
Wood, Edward H; Colorado Springs
Wood, Lawrence Gilmore; Littleton; Denver
Wood, Michael; Pueblo
Worley, Bob S; Wheat Ridge; Franktown
Wright, Linda C; Boulder
Wright, Richard A; Denver

Yaeger, Eric S; Englewood
Yanover, Melissa J; Lakewood
Yockey, Raymond L; Greeley
Young, L David; Colorado Springs

Zarlengo, Frank N; Denver
Zawadowski, Raphael J; Pueblo
Zemel, Leonard R; Denver
Zimik, Luithuk; Brighton
Zimmerman, Robert L; Colorado Springs
Zinn, Charles J; Colorado Springs
Ziporin, Philip; Denver
Zuckerman, Gerald H; Denver
Zuckerman, Hyman S; Denver

LARYNGOLOGY

Berlin, Barry P; Littleton

Dragul, Paul H; Denver; Englewood

English, Gerald M; Englewood; Denver

Krekorian, Edmund A; Denver; Aurora

Lipkin, Alan F; Denver; Englewood

LEGAL MEDICINE

Beringer, E Duane; Honolulu HI

Curtis, William S; Boulder

Johnson, Roger F; Denver

Plazak, Dean J; Boulder

Steinhardt, Kasiel; Denver; Englewood

Thomasson, George O; Englewood; Highlands Ranch

Winograd, Lawrence A; Denver

MATERNAL & FETAL MEDICINE

Day, L Dorine; Denver

Porreco, Richard P; Denver; Englewood

MAXILLOFACIAL SURGERY

Albin, Richard E; Denver

Bedard, Charles H; Pueblo
Burrow, Claude H; Boulder

Carris, James V; Colorado Springs
Cramer, Lester M; Colorado Springs

Edgerton, J Craig; Durango

Hartshorn, Denzel F; Grand Junction
Hohengarten, John H; Colorado Springs

Janson, Richard A; Grand Junction

Krekorian, Edmund A; Denver; Aurora

Merkel, William D; Grand Junction

Pruitt, J C; Colorado Springs

Rodriguez, Jose L; Glenwood Springs

Schmidt, Douglas R; Denver
Smith, Bruce M; Fort Collins
Sumners, Thomas C; Denver

Tegtmeier, Ronald E; Golden

Walker, Ian G; Colorado Springs
Williams, Dallas D; Loveland

Zbylski, Joseph R; Denver; Englewood

MEDICAL AUTOMATION

Roney, Patrick J; Littleton; Denver

MEDICAL EDUCATION

Ballinger, Carter M; Denver

Chisholm, R Neil; Denver
Crouch, Dee B; Boulder

Eickhoff, Theodore C; Denver; Littleton
Eisele, C Wesley; Englewood

Harper, Barry K; Fort Collins

Johnson, Marvin E; Carmichael CA
Jones, Rodney H; Lakewood

McDowell, Marion E; Denver
Moran, Patrick G; Grand Junction

MOHS CHEMOSURGERY

Asarch, Richard G; Englewood

Lillis, Patrick J; Loveland

NEONATAL-PERINATAL MED

Nicks, Frank I Jr; Colorado Springs

NEONATOLOGY

Berman, Edward R; Denver
Butterfield, L Joseph; Denver

Carson, Bonita S; Denver

Hernandez, Jacinto A; Denver; Englewood

O'Meara, Owen P; Denver; Englewood

Thilo, Elizabeth H; Denver

Winchester, Paul D; Colorado Springs

NEOPLASTIC DISEASES

Anderson, Paul N; Colorado Springs

Lavrinets, David A; Longmont

McFadden, Donna L; Grand Junction
Moran, Patrick G; Grand Junction

NEPHROLOGY

Anger, Michael S; Lakewood; Aurora

Ball, John H; Colorado Springs
Beckmann, M Lee; Denver
Bengfort, John L; Colorado Springs
Brown, Stephen T III; Pueblo

Contiguglia, S Robert; Denver

Dreher, William H; Grand Junction

Gabow, Patricia A; Denver
Garrett, Raymond E; Englewood
Goldberg, Jan Paul; Aurora; Denver

Harvey, Alice; Englewood
Haygood, Thomas A; Fort Collins

Klein, Melvyn H; Denver; Englewood
Koelsch, Harmut W; Longmont

McIntyre, Donald O; Lakewood
Miller, Paul D; Lakewood; Wheat Ridge
Mishell, Jeffrey L; Denver

Neal, Billy J; Lakewood; Wheat Ridge

Persoff, Michael; Denver; Aurora
Pluss, Richard G; Denver; Englewood

Rademacher, Donald R; Greeley

Schrier, Robert W; Denver; Englewood

VonMinden, Milton C Jr; Colorado Springs

Wehling, Constance L; Pueblo

Yanover, Melissa J; Lakewood

NEUROLOGICAL SURGERY

Bolles, Gene E; Boulder; Longmont
Branan, Richard C; Englewood
Breeze, Robert E; Denver
Brown, Michael W; Colorado Springs
Bryans, William A; Wheat Ridge; Denver

Clark, Ronald D; Greeley
Craigmile, Thomas K; Denver
Crue, Benjamin L Jr; Durango

Fieger, Henry G Jr; Denver
Fox, Robert H; Grand Junction
Freed, Charles G; Denver
Fried, Herbert I; Denver; Littleton
Friedman, Verner; Denver

Geier, J Michael; Englewood
Griffin, John G; Denver

Hendee, Robert W Jr; Denver
Hitchcock, Michael H; Englewood

Johnson, Stephen D; Denver; Golden

Koons, Dexter D; Pueblo
Krauth, Lee E; Wheat Ridge; Evergreen

Law, Jay D; Englewood
Lillehei, Kevin O; Denver
Lipscomb, William R; Tucson AZ
Litvak, John; Denver

McClintock, Homer G; Denver
McNally, Michael J; Colorado Springs
McVicker, John H; Greeley
Miller, Meredith H; Englewood; Littleton
Murphy, Alan R; Colorado Springs

Noblett, Deane L; Colorado Springs

Ogsbury, James S III; Wheat Ridge; Greenwood Village

Pressley, Richard L; Boulder; Longmont
Presti, Matthew; Colorado Springs

Reilly, Gerald D; Pueblo

Samuelson, Stephen A; Aurora
Stecher, Karl Jr; Englewood

Tice, Larry D; Grand Junction
Tuerk, Kenneth; Denver
Turner, Donn M; Fort Collins

Vanderark, Gary D; Englewood; Denver
Vogel, Harold B; Denver

Warmath, William T; Denver
Warson, James S; Fort Collins
Wirt, Timothy C; Fort Collins

NEUROLOGY

Aguilera, Arnold J; Denver

Bell, Richard A; Colorado Springs
Bentley, William H; Aurora
Bernstein, Lawrence H; Denver

Bjork, Randall J; Colorado Springs
Botha, Eleanor; Englewood
Burcar, Patricia J; Westminster
Burnbaum, Mitchell D; Grand Junction

Cilo, Mark P; Englewood
Cohen, R Robert; Aurora
Crews, Jerry R; Greeley
Crosby, James A; Denver
Cullen, Michael L; Pueblo
Curiel, Michael P; Fort Collins

D'Arcy, Genet; Boulder
Daven, Joel R; Pueblo
Dean, Joel M; Grand Junction
Delaney, Jane; Colorado Springs
Duman, Sidney; Denver

Finkel, Richard S; Denver; Golden

Gaddis, Kenneth A; Glenwood Springs
Garmany, George P Jr; Boulder
Gibson, J Bradley; Colorado Springs
Gilman, Neal J; Grand Junction
Ginsburg, Stanley H; Denver
Glatz, Duane J; Englewood; Denver
Gross, Karl F; Aurora; Denver

Hammerberg, Eric K; Denver
Happer, Ian M; Denver
Hasan, Malik M; Pueblo
Holt, G Waltermann; Bow Mar
Hutchins, Earl C; Greeley

Kelly, James P; Denver
Klapper, Jack A; Denver

Lasater, Gene M; Denver; Englewood
Levisohn, Paul M; Denver
London, Scott F; Denver

Machanic, Bennett I; Denver
Madison, David S; Englewood
Markey, Joseph W; Boulder
Mauk, Joyce E; Denver
Mays, James M; Fort Collins
McGroarty, Saralee R; Longmont; Boulder
Motl, John M; Fort Collins
Myers, John A; Aurora; Englewood

Nay, Leston B; Littleton; Denver
Newsom, Marilyn M; Boulder

Oliveira, Mario M; Colorado Springs

Parry, Lynn; Lakewood; Littleton
Peters, Bruce H; Colorado Springs

Quintero, Peter S; Denver

Rawat, Sumant; Pueblo
Ryals, Jarvis D; Pueblo
Ryan, Donald W; Lakewood; Golden

Scaer, Robert C; Boulder
Seybold, William R; Colorado Springs
Smith, Don B; Englewood; Denver
Smith, Richard H; Denver
Soffer, Patricia G; Denver
Sternberg, Patrick E; Boulder
Strauss, Stanley G; Westminster

Thulin, Barbara W; Englewood
Treihaft, Marc M; Denver

Vaughan, Judith B; Greeley

Woodward, John B; Wheat Ridge
Wright, Roy R; Englewood

Yarnell, Philip R; Denver; Englewood

Zimmer, Alexander H; Aurora; Denver

NEUROPATHOLOGY

Carver, Robert K; Englewood; Aurora

NUCLEAR MEDICINE

Burdick, Duncan C; Colorado Springs

Ewing, Wyman F; Pueblo

Fink, Donald W; Denver; Englewood

Gerhold, John P; Denver; Englewood

Klingensmith, William C; Denver; Englewood

Miller, Wayne A; Denver; Evergreen

Roller, Lothar K; Canon City

Wenzel, Wayne W; Denver
Wilson, James P; Denver; Aurora

NUCLEAR RADIOLOGY

Ain, Jonathan D; Aurora; Englewood

Bardin, Billy J; Durango

Luttenegger, Thomas J; Fort Collins

Miller, Wayne A; Denver; Evergreen

Partington, Cyrus W; Colorado Springs

Stavros, A Thomas; Englewood
Sutherland, Jerome D; Englewood; Denver

Ward, Bruce A; Grand Junction

NUTRITION

McDowell, Marion E; Denver

O'Neill, John J; Fort Collins
Ogden, McAlpine P; Boulder

Reed, William L; Grand Junction
Reed, William L; Grand Junction

OB & GYNECOLOGY

Abbot, Stewart M; Greeley
Abman, Carolyn F; Littleton; Denver
Allen, Neil H; Greeley
Anderson, W Richard; Sterling
Angello, Anthony L; Denver; Englewood
Appel, Theodore B; Boulder
Aptekar, Donald W; Denver

August, Neil; Denver
Austin, Daniel C; Boulder

Bachus, Nelson E; Fort Collins
Bartlett, Max D; Denver
Beach, Don E; Delta
Bell, John D; Denver; Englewood
Bennett, Dana R; Pueblo
Berger, Elwin; Denver; Englewood
Beringer, E Duane; Honolulu HI
Berman, Michael L; Colorado Springs
Bernhardt, Richard N; Denver; Littleton
Bernstein, Leonard D; Thornton
Besch, Nicholas J Jr; Arvada
Bianco, Peter M; Colorado Springs
Birner, W Frederic; Pueblo
Bjork, Floyd J; Golden
Blake, Clyde D; Colorado Springs
Boelter, William C II; Greeley
Bozeman, Mark F; Denver
Bradley, Robert A; Englewood
Brelje, Mabel C; Lakewood
Bristow, John W; Colorado Springs
Brown, Frederick B; Colorado Springs
Brown, Patricia S; Littleton; Denver
Brusenhan, J Richard; Colorado Springs
Burke, James M; Aspen; Snowmass Village
Burke, M Shannon; Denver
Burket, Charles R; Greeley

Campbell, W MacRae; Pueblo
Carson, John D; Longmont
Carter, Susan D; Greeley
Caskey, Jack B Jr; Aspen
Castellano, Stephen A; Denver
Cedars, Leonard A; Littleton; Englewood
Chandler, Earl L; Wheat Ridge
Chatfield, John N Jr; Colorado Springs
Chisholm, John W; Denver
Choi, Susanna S; Lakewood
Chow, Franklin S; Vail; Eagle-Vail
Christensen, Carole; Boulder
Cloyd, David G; Fort Collins
Cohen, Harvey M; Denver; Englewood
Colberg, Craig S; Longmont
Cole, Norman G Jr; Colorado Springs
Conner, Wayne L; Denver; Lakewood
Cooper, Theodore A; Denver
Crawford, Gayle P; Arvada; Littleton
Crouch, W B; Colorado Springs
Cullum, Lawrence M; Durango

Dafoe, Charles A; Denver
Day, L Dorine; Denver
Deal, Terry D; Colorado Springs; Monument
Delaney, James J Jr; Aurora; Denver
Dix, Corinne R; Denver
Donnelley, Beverly E; Fort Collins
Downing, Terry A; Denver
Duerksen, Edward C; Englewood; Denver

Eastman, Robert L; Denver
Eicher, Danny J; Denver
Emeis, William E; Colorado Springs
Engel, Tibor; Denver
Englert, Thomas L; Loveland
Evans, Clayton A; Boulder

Farinholt, Jon W; Aurora; Englewood
Ford, Jack; Colorado Springs
Foulk, Arnold R Jr; Greeley
Foust, Glenn T III; Denver

Freedman, Walter L; Denver
Freistadt, Hans; Oroville CA
Frost, Anthony; Englewood
Fuller, William E; Denver

Garner, Frank L; Denver
Gartner, Charles H; Denver
Germer, Nancy J; Lakewood
Gibbons, Ralph W; Aurora
Gibbs, Charles P; Denver; Englewood
Goodman, Reid A; Denver; Englewood
Gore, Robert B; Denver
Gottesfeld, Ray L; Denver
Gottesfeld, Stuart A; Denver
Gramowski, Thomas W; Denver; Lakewood
Greiner, David J; Colorado Springs
Griffith, Dillard R; Colorado Springs
Griffith, William F III; Aurora
Grossman, Richard A; Durango
Gussman, Debra; Denver

Hackett, Robert D; Grand Junction
Halgrimson, Michael J; Lakewood
Hall, Michael L; Denver
Ham, Gordon C; Englewood; Denver
Hanley, Richard G; Montrose
Harling, Mallory T; Fort Collins
Harris, David W; Aurora; Englewood
Harris, Lowell N; Wheat Ridge; Lakewood
Harrison, Kenneth D; Colorado Springs
Hartman, James F; Denver
Harvey, Duval E; Denver
Harvey, Richard L; Aurora
Hauck, Margaret E; Denver; Boulder
Heavrin, John S; Lakewood; Littleton
Henry, Raymond W; Denver
Herndon, Cynthia G; Denver
Hill, McArthur O; Wheat Ridge
Hiratzka, Paul S; Greeley
Hlavaty, Vaclav; Thornton; Denver
Hoffmann, Mark F; Denver
Hogenkamp, Jon M; Pueblo
Hulet, Brett L; Pueblo
Hurley, Grant W; Pueblo
Hutto, John M; Wheat Ridge; Lakewood

Illige-Saucier, Martha; Denver
Imig, John R; Boulder
Irvin, Lewis A; Grand Junction
Iskander, Laurice; Aurora; Littleton

Jacobs, Herbert L; Denver
James, Warren K; Fort Collins
Jeffrey, Ransy L; Fort Collins
Johnson, Robert W; Aurora
Jones, Paul B; Grand Junction

Kaniuk, Marlene F; Boulder
Keeler, F Brent; Aurora
Kerr, Richard K; Mesa AZ
Kieft, Larry D; Fort Collins
Kirkpatrick, Douglas H; Denver; Englewood
Kirschman, Edward; Aurora; Englewood
Kiser, Rick E; Greeley
Kolberg, Bruce H; Denver; Englewood
Konigsberg, Robert A; Arvada; Littleton
Kopelman, J Joshua; Aurora
Kozloff, Stephen R; Greeley

Lamb, Rodney L; Englewood
Layman, Richard J; Fort Collins
Lee, William H; Littleton
Leistikow, David C; Broomfield
Lerch, Andrea M; Colorado Springs
Linder, Robert O; Aurora
Lingle, James R; Englewood
Little, Kenneth R; Colorado Springs
Ljunghag, Susan E; Englewood
Losasso, Leonard J; Aurora; Englewood
Ludwin, Gary A; Fort Collins

MacFarlan, Sherburne M; Boulder
Macsalka, Mary A; Boulder
Macsalka, Robert E; Boulder
Manfre, Kenneth; Aurora; Denver
Martin, Cynthia L; Littleton
Martin, Eva; Fort Collins
Mason, Ronal B; Glenwood Springs
Matheson, George W; Colorado Springs
McBurney, James W; Pueblo; Sun City West AZ
McCauley, John R; Longmont
McCreedy, Philip A; Wheat Ridge
McFee, John G; Denver
McKinney, Gary E; Canon City
Meacham, Stephen R; Grand Junction
Meeuwsen, James W; Pueblo
Mehta, Pushpa S; Aurora; Englewood
Melmed, M Herzl; Englewood
Menconi, Lawrence R; Westminster; Denver
Mestas, T Robert; Denver; Englewood
Michailov, Dimiter V; Pueblo
Michelson, Abraham K; Aurora; Englewood
Miles, Norman A; Boulder
Miller, Burdette L; Estes Park
Milligan, Gatewood C; Englewood
Milzer, Gary S; Aurora; Englewood
Minton, Douglas G; Wheat Ridge
Moffatt, Thomas W Jr; Littleton; Lakewood
Moison, Susan A; Denver
Morgan, Alethia E; Pueblo
Muftic, Michael; Denver
Murahata, Sue A; Denver
Muth, John B; Colorado Springs
Myers, James M; Colorado Springs

Nicks, Frank I Jr; Colorado Springs
Nieland, Leo J; Denver
Norfleet, Larry B; Colorado Springs
Nowick, Martin E; Aurora; Englewood

O'Donnell, James A; Glenwood Springs
O'Loughlin, Edward P; Denver; Aurora
O'Neal, Jean P; Greeley
Oliphant, Manford M Jr; Denver; Littleton

Peterson, Richard I; Colorado Springs
Pfenninger, Mark Wm; Wheat Ridge; Evergreen
Poje, Joanne; Longmont
Porter, Bruce M; Fort Collins

Rapaport, Alan M; Denver; Aurora
Reitinger, Russell G; Longmont
Ricca, David A; Littleton
Rifkin, Ira; Denver; Littleton
Ross, Michael H; Arvada; Golden
Roukema, James E; Pueblo
Rowley, Mark C; Denver
Rowley, Raymond D; Pueblo
Rubinow, Sidney D; Colorado Springs
Rudd-McCoy, Nancy A; Thornton; Englewood
Ruderman, Jerome H; Denver
Russell, Asela C; Aurora; Denver

Saunders, Daniel T; Arvada; Golden
Saunders, Mark O; Aurora; Denver
Schmidt, Philip M; Colorado Springs
Schonebaum, Robert M; Englewood
Schoolcraft, William B; Englewood
Sherman, Joseph M; Lakewood
Sherwood, Clifford; Colorado Springs
Silver, Gordon S; Colorado Springs
Skiles, Trudy A; Colorado Springs
Snyder, Murray M; Arvada; Denver
Stallworth, John C; Denver; Englewood
Stanton, Robert P; Northglenn; Denver
Stark, Craig F; Denver; Englewood
Stewart, Stephen K; Longmont
Stoll, Stephen L; Greenwood Village; Denver
Stone, Dianne C; Denver
Summerson, Donald J; Greeley
Swanson, Michael S; Englewood; Littleton
Swartz, Carl W Jr; Pueblo
Sweeney, Richard; Littleton; Westminster
Sweeney, Thomas I; Wheat Ridge; Lakewood

Thayer, David O; Boulder
Thompson, Horace E; Denver
Thorne, John L; Lakewood
Tomlin, Donald D; Steamboat Springs
Tucker, Warren W; Denver
Tuxworth, Frank E; Colorado Springs

Vargas, Peter A; Denver

Waldbaum, Arthur S; Denver
Waldron, Carla C; Pueblo
Walker, Louise D Converse; Denver
Wall, Robert E; Denver
Warren, Darrell R; Aurora; Englewood
Weisbrod, Dennis M; Denver; Englewood
Wester, Robert J; Denver
Wolf, Mark R; Littleton
Wolfson, Robert N; Colorado Springs
Woodard, Don E; Englewood; Denver

Yasuzawa, S Steve; Aurora; Englewood
Yavorski, Sarah S; Denver; Aurora
Young, John R; Denver

Zacher, Eustice; Pueblo
Zarlengo, Gerald V; Denver
Zen, Calvin T F; Longmont

OBSTETRICS

Bernstein, Leonard D; Thornton

Carpenter, Julie; Boulder

Kareus, Leslie G; Grand Junction
Kearns, Roy E; Grand Junction
Kiovsky, Richard D; Aurora

O'Neill, John J; Fort Collins

Porreco, Richard P; Denver; Englewood
Price, Richard A; Colorado Springs

Thomas, H Dale; La Jara
Trousdale, William E; Colorado Springs

Utt, J Dale; Grand Junction

OCCUPATIONAL MEDICINE

Allen, Thomas J; Loveland
Amoroso, Christian R; Windsor; Longmont
Appelbaum, Jerry J; Denver

Baumgardner, Jan F; Boulder
Becky, Joseph R; Denver
Bell, Robert F; Denver
Berns, Barry R; Windsor; Fort Collins
Bernton, J Tashof; Denver
Bock, George W; Craig
Bond, Marcus B; Golden

Cabanilla, B Rodrigo; Littleton
Campbell, Velma L; Pueblo

DeAlva, William E G; Denver
DiAsio, Richard A; Colorado Springs

Eaton, Wyley E; Golden

Frantz, Rae Ann; Boulder; Louisville
Furman, Joseph; Golden; Lakewood

Greenheck, Robert R; Denver; Aurora

Hawlick, Garfield F; Lincoln NE
Huffman, Thomas A; Denver; Longmont
Hughes, Clarence O Jr; Englewood
Hughes, John S; Englewood; Littleton

Kendall, Wayne F Jr; Colorado Springs; Monument
Kluck, Clarence J; Englewood
Koepke, Jerald W; Denver; Littleton
Kornberg, James P; Boulder
Krieger, Gary R; Golden; Boulder

Loeppke, Ronald R; Greeley
Lovejoy, Brent V; Denver

Newman, Lee S; Denver

O'Briant, Charles R; Denver

Simerville, James J; Colorado Springs
Slagle, DeRoy W H; Pasadena CA
Smith, Loyd L; Pueblo
Spillmann, Scott J; Golden; Elizabeth
Starkey, Gerald H Jr; Denver; Englewood
Stelle, Robert E; Colorado City
Striplin, Michael R; Boulder
Sullivan, Terrance J; Denver
Swarsen, Ronald J; Denver

Waite, H Dennis; Denver; Littleton
Wexler, Ralph M; Denver
Wright, W Lloyd; Golden

Zarlengo, Roland J; Denver

ONCOLOGY

Anderson, Paul N; Colorado Springs

Bakemeier, Richard F; Denver
Balizet, Louis B; Pueblo
Berris, Robert F; Denver
Booth, Richard R; Fort Collins
Bourg, Wilson C III; Lakewood
Bull, Malcolm I; Grand Junction

Caskey, Jennifer H; Wheat Ridge
Curfman, George H Jr; Denver

Daneshbod-Skibba, Ghodsi; Arvada
DiBella, Nicholas J; Aurora; Parker

Fangman, Michael P; Fort Collins
Fink, Kyle M; Denver
Fisher, Thomas C; Fort Collins
Fleagle, John T; Boulder

Gerner, Robert E; Vail
Gray, Jan L; Lakewood; Golden

Headley, David L; Colorado Springs
Heller, Henry M; Durango
Huffman, David H; Colorado Springs

Kovachy, Robin J; Englewood; Aurora
Kramish, David; Denver

Lim, Meng Lai; Greeley
Lininger, Thomas R; Greeley
Link, David B; Littleton

Major, Francis J; Denver; Englewood
Martz, David C; Colorado Springs
Matchett, Kenneth M Jr; Grand Junction
McMahon, Richard T; Denver
Moore, George E; Denver; Conifer
Moran, Patrick L; Boulder

Napoli, J Nicholas; Lakewood
Nelson, William R; Denver

Otsuka, Alvin L; Denver

Pajon, Eduardo R Jr; Aurora; Parker

Reiquam, C W; Denver; Lakewood
Richardson, David L; Denver
Rubinowitz, Martin J; Denver

Sayre, Robert L; Colorado Springs
Schafer, Larry A; Wheat Ridge; Arvada
Schneider, Michael J; Denver; Englewood
Settipani, Frank L; Pueblo
Sikand, Gita S; Denver; Englewood
Sitarik, Mark A; Boulder
Stone, Michael D; Greeley

Tolley, Russell C; Denver
Tubergen, David G; Denver

White, Madeline J; Denver

Zinn, Charles J; Colorado Springs

OPHTHALMOLOGY

Adams, John C; Greeley
Anderson, W Dale; Colorado Springs
Arnold, Charles O II; Denver

Balstad, Paul D; Aurora; Denver
Barchiesi, Barbara J; Denver
Barker, John S; Arvada
Barmatz, Hirsh E; Denver; Aurora
Barnacle, John C; Westminster; Denver
Baron, J Gregory; Colorado Springs

Baronberg, Neiel D; Lakewood; Denver
Beaver, William C; Grand Junction
Berg, Allan W; Littleton
Boehlke, Russell R; Fort Collins
Brady, Kevin D; Denver
Brechner, Ross J; Evergreen
Brown, Samuel H; Colorado Springs
Buchanan, William S; Sterling
Burcham, James R; Aurora; Littleton
Bush, Jerry O; Grand Junction

Campbell, Bernard E; Lakewood; Denver
Campbell, Dorothy C; Lakewood
Campbell, Douglas M; Lakewood; Denver
Campbell, Thomas P; Wheat Ridge; Denver
Cannavo, Laura A; Denver; Englewood
Carter, Douglas B; Greeley
Cerasoli, James R; Denver; Littleton
Childers, Stanley G; Pueblo
Chittum, Mark E; Colorado Springs
Cole, Nicholas G; Montrose
Condit, Randall S; Denver
Conrad, William C; Boulder
Cowen, Homer C; Denver

Dardis, Walter T; Pueblo
Dishler, Jon G; Englewood
Dougherty, Marilyn A; Boulder
Dumler, Larry J; Boulder
Duncan, Lester S; Grand Junction

Edwards, John E; Denver
Eisenbaum, Allan M; Aurora
Elliff, John E; Sterling

Fixott, Richard S; Colorado Springs
Foe, Elaine V; Greeley
Foerster, Robert J; Colorado Springs
Fonken, H A; Fort Collins
Forstot, S Lance; Littleton; Denver
Fowler, James B; Pueblo

Gardner, Robert C; Colorado Springs
Gelinas, Michel P; Denver
Gentry, James H; Denver; Englewood
Gibson, Richard W; Boulder
Giltner, James B; Denver
Goldstein, Joel H; Denver; Englewood
Greenlee, Lynn F; Canon City
Greenlee, Max R Sr; Boulder

Hammond, Richard O; Fort Collins
Haney, Lawrence O; Colorado Springs
Hanna, Robert S; Grand Junction
Hardy, Ronald G Jr; Denver
Hartzler, Janet K; Lakewood
Hausmann, Gertrude S; Denver
Heiss, Robert E; Denver; Littleton
Hersey, James Merrill; Golden
Hines, William L; Denver
Hix, Ivan E Jr; Wheat Ridge; Golden
Hopkins, William G; Pueblo
Hovland, Kenneth R; Denver
Hoyer, Louis R Jr; Pueblo
Hoyle, Thomas C III; Colorado Springs
Humphreys, John A; Denver; Englewood

Iwakiri, John; Arvada

Jackson, William E; Denver
James, Brien P; Englewood
Jepson, Christian N; Colorado Springs

Jorgensen, Roger L; Longmont

Kadler, Karen M; Denver; Golden
Kaplan, Max; Denver
Kaplan, Morris; San Diego CA
Kauvar, Kenneth B; Denver
Keats, William K; Denver
Kellum, Donald L; Boulder
Kesselman, Stephen E; Aurora
King, Robert A; Littleton; Denver
Kreider, Larry W; Golden; Arvada
Krichbaum, Franklin M; Lakewood
Kubitschek, William R; Mesa AZ
Kuhlman, William K; Colorado Springs

Lahey, Duane D; Denver
Larkin, Thomas P; Denver; Englewood
Leight, Harold C; Denver
Lepisto, Carl A; Grand Junction

Marcotte, Dale D; Boulder
Maxwell, James C; Denver; Littleton
McMahon, Charles D; Colorado Springs
Meltzer, Gerald E; Denver; Englewood
Moo-Young, George A; Denver
Moorman, Lemuel T; Denver
Muir, Bennett W; Parker

Nofsinger, Kenton D; Aurora; Englewood
Norris, Andrew M; Fort Collins

O'Connor, J William; Lakewood; Englewood
Olijnyk, Irene; Longmont
Olsen, Gerald M; Fort Collins

Page, Donald F; Canon City
Panter, Edward G; Denver
Panter, Kent W; Denver
Pardos, George J; Denver
Perreten, Frank A; Denver
Peterson, Harold R; Littleton
Petty, Stephen T; Denver
Pfoff, David S; Denver; Englewood
Phelps, Herschel R; Loveland; Greeley
Podgorski, Steven F; Englewood; Denver
Post, Lawrence T; Craig; Hamilton
Powers, Douglas K; Longmont; Platteville

Ramey, Ralph Jr; Colorado Springs
Rice, Lee E; Boulder
Rider, Mitchell B; Denver
Roberts, Alfred D; Golden; Denver
Roberts, William A; Boulder
Runge, Paul E; Los Angeles CA
Rusk, Harvey S; Pueblo

Sampson, John J; Colorado Springs
Santoro, John A Jr; Thornton; Broomfield
Sargent, Robert A; Littleton; Englewood
Schlomer, Donald; Pueblo
Self, William G Jr; Westminster; Denver
Shachtman, William A; Fort Collins
Shwayder, Montimore C; Denver
Simons, Herbert J; Denver
Skeehan, Raymond A Jr; Denver
Smith, William E; Denver; Lakewood
Snyder, Charles E; Pueblo
Starr, Arthur G; Denver
Stevens, William W III; Fort Collins
Stofac, Robert L; Golden; Lakewood
Story, Paul G; Montrose
Swets, Edward J; Denver

Taravella, Michael J; Thornton; Denver
Tarkanian, Malcolm A; Arvada
Thatcher, D B; Colorado Springs
Thompson, Rollin L; Denver; Englewood
Thornton, William R; Fort Collins
Tonne, Jay C; Pueblo
Tripp, Warren I; Boulder; Louisville

Underwood, Larry D; Wheat Ridge; Arvada

Vanderhoof, Richard C; Colorado Springs

Wagner, R Paul; Alamosa
Wainwright, Neil D; Pueblo
Weber, Mark W; Salida
Weeks, Jeffrey B; Greeley
Weitzenkorn, Dan E; Glenwood Springs
Welch, John R; Greeley
Weltman, Delbert M; Denver; Lakewood
Wetzig, Carl K; Colorado Springs
Wetzig, Paul C; Colorado Springs
Wetzig, Richard P; Colorado Springs
Whalen, William R; Denver; Littleton
Whistler, Carl W; Denver
Whitehurst, Fred O; Durango
Widney, Sam E; Greeley
Wiesner, Paul D; Montrose
Wiggs, Eugene O; Denver
Williams, John M Sr; Longmont
Wills, Theodore E; Greeley
Wilson, W Bruce; Denver; Littleton
Winograd, Lawrence A; Denver
Woodward, James M Jr; Denver; Englewood

Zopf, Delvin L; Golden

ORAL MAXILLOFACIAL SURGERY

Williams, Dallas D; Loveland

ORTHOPEDIC SURGERY

Adler, Kenneth G; Wheat Ridge; Lakewood
Ahnfeldt, Arnold L; Colorado Springs
Anderson, Gilbert I; Greeley
Anderson, Martin E; Denver

Bachman, David C; Ouray; Ridgway
Barnard, Michael D; Canon City
Berk, Leonard E; Denver
Berkeley, Michael E; Aspen
Bess, Robert J; Englewood
Bigelow, Eugene V; Denver
Bosley, Rex C; Boulder
Bowen, G Scott; Steamboat Springs
Britton, James A; Longmont
Brown, Charles W; Denver; Englewood
Brown, Courtney W; Lakewood
Bruck, Edward F; Lakewood; Golden
Brugioni, Daniel J; Aurora
Brumfield, Robert A; Colorado Springs
Buck, Peter G; Boulder
Bussey, Randy M; Greeley

Carlton, Robert E; Colorado Springs
Cavanaugh, Kenneth J; Longmont
Ceriani, Philip D; Longmont
Chang, Franklin M; Denver; Littleton
Chimento, James J; Pueblo
Chipman, Leon D; Vail; Avon
Ciccone, William J; Colorado Springs
Clayton, Mack L; Denver
Cletcher, John O Jr; Longmont
Clifford, Robert K; Vista CA
Cline, Donald W; Salida
Conyers, David J; Denver
Copeland, M Larry; Grand Junction
Cotton, Ralph L; Wheat Ridge; Denver
Cox, W William A; Denver
Crane, Hal S; Denver
Crosson, David L; Pueblo
Cunningham, R Ray; Jackson WY
Curran, Thomas E; Aurora

Darrah, Thomas J; Longmont
Davis, I Stephen; Lakewood; Denver
Davis, John K III; Denver
Dennis, Douglas A; Denver
Derkash, Robert S; Glenwood Springs
Deverell, William F; Colorado Springs
Dewell, Larry M; Colorado Springs
Dinenberg, Stephen; Lakewood
Donaldson, David H; Lakewood; Golden
Dorr, Lugene A; Lakewood; Littleton
Drabing, John H; Colorado Springs
Duncan, Kenneth H; Fort Collins

Eckhoff, Donald G; Denver
Eilert, Robert E; Denver; Littleton
Evans, Bruce G; Colorado Springs
Evenson, E Harold; Wheat Ridge; Golden

Fawcett, Ronald A; Grand Junction; Fruita
Feiler, Frederic C; Colorado Springs
Ferlic, Donald C; Denver
Ferris, William D; Boulder
Fisher, David P; Grand Junction
Fitzgerald, Edward M; Colorado Springs
Fleming, Thomas C; Cortez
Foster, Robert J; Colorado Springs
Fralick, E Howard; Denver
Franz, Elmer M; Englewood
Freeman, John R; Aspen
Friermood, Tom G; Lakewood; Golden
Frost, Harold M Jr; Pueblo
Furry, Dean L; Durango

Gamble, William E; Denver; Littleton
Gazibara, Donald P; Colorado Springs
Gehret, Peter; Aurora; Englewood
Gigliotti, Lawrence G; Colorado Springs
Glancy, Gerard L; Denver; Aurora
Glassburn, Alba R Jr; Denver
Goldberg, Bertram; Englewood
Gottlieb, John E; Vail
Grant, Lee B Jr; Fort Collins
Greenberg, David C; Denver
Greenberg, Roger; Denver
Gurley, William D; Denver

Hajek, Michael R; Greeley
Hall, Oliver E K; Grand Junction
Hall, Robert F; Grand Junction
Hamill, Richard G; Pueblo
Hamlin, Charles; Denver
Hansen, Daniel G; Boulder
Hanson, Charles A; Pueblo; Beulah
Hayhurst, Dale W; Pueblo
Heller, Arnold; Denver
Heller, Arthur P; Englewood
Herrington, Alan G; Pueblo
Hess, Gary W; Denver

Hillmer, Barry; Durango
Hirose, Hideo; Wheat Ridge; Golden
Hofmann, Rudolf A; La Junta
Holt, Charles J; Aurora; Englewood
Holtgrewe, Jeffrey L; Denver
Horstman, James K; Fort Collins
Howard, Earle T; Loveland
Howard, K Mason Jr; Englewood; Littleton
Hunter, Brett P; Greeley

Janes, Peter C; Vail; Avon
Jenkins, Raeburn M; Lakewood; Evergreen
Johnson, Bernarr B; Carbondale
Johnson, Robert V; Fort Collins
Johnson, William M; Boulder
Judson, James N; Alamosa

Kaiser, Dale C; Fort Collins
Keener, William H; Denver
Kelley, Ralph L; Pueblo
Kem, M Richard; Denver; Englewood
Kemme, Richard J; Greeley
Knapp, H G Robert; Boulder
Knockendoffel, Richard A; Grand Junction
Krauser, William J; Durango
Kruse, Robert L; Englewood
Kurica, Kenneth B; Colorado Springs

Lahey, Michael D; Brighton
Larson, Wallace K; Colorado Springs
Leidholt, John D; Denver
Leo, Jan E; Denver
Lindberg, James P; Denver; Golden
Lindenbaum, Barry L; Aurora; Englewood
Lindenbaum, Stephen D; Aurora; Englewood
Lindquist, Timothy C; Greeley
Loeffler, Robert D; Denver
Lotman, Alfred C; Denver
Lowe, Thomas G; Wheat Ridge; Lakewood
Lowe, Walter R; Steamboat Springs

Mack, Robert P; Denver
Magill, Charles D; Englewood
Magsamen, B F; Fort Collins
Mahony, Thomas H III; Colorado Springs
Mangione, William J; Aurora; Denver
Maruyama, Herbert H; Lakewood
Massa, Emil J; Denver
Matthews, David S; Colorado Springs
Maxwell, George S; Longmont
Mayer, David M; Grand Junction
McCarthy, Thomas T; Colorado Springs
McCreedy, Gordon J; Wheat Ridge; Lakewood
McElhinney, James P; Denver
Meinig, Richard P; Denver
Menter, Robert R; Englewood
Merkert, George L Jr; Colorado Springs
Messenbaugh, Robert L; Wheat Ridge; Denver
Messner, Duane G; Lakewood
Messner, Milo L; Colorado Springs
Meyers, J Kim; Gunnison
Mitchell, Orderia F; Colorado Springs
Muffly, James T; Englewood
Murray, Douglas M; Fort Collins

Nakano, Jeffrey M; Grand Junction
Nauts, Ruth B; Aurora; Denver
Nelson, J Phillip; Denver; Watkins
Nygaard, Airell L; Denver

O'Donnell, James J; Colorado Springs
Ochsner, Ronald C; Englewood; Littleton
Oden, Robert R; Aspen
Odom, John A Jr; Lakewood; Wheat Ridge
Oster, Lewis H Jr; Denver

Parkhurst, Aaron E; Greeley
Patterson, William R; Grand Junction
Pemberton, James P; Pueblo
Pflum, Eugene W; Pueblo
Phelps, Dennis A; Colorado Springs
Pinson, Ronald C; Grand Junction
Pise, Gerald J; Colorado Springs
Pohlman, Floyd H; Sterling
Powers, Robert C; Englewood; Denver
Purnell, Mark L; Aspen

Rainey, Rhett K; Colorado Springs
Rector, James B; Boulder; Longmont
Rees, James M; Colorado Springs
Reiss, Brian E H; Englewood; Littleton
Richards, Anthony; Montrose
Robinson, Walter G Jr; Wheat Ridge
Roger, Sheldon; Denver; Englewood
Rokicki, Robert R; Aurora
Rome, Clifford J; Greeley
Roter, David L; Boulder
Rowland, Charles F; Lakewood
Rupp, Gerald R; Longmont

Schoo, Michael J; Montrose
Schuler, Willard D; Thornton; Westminster
Schultz, R J Black; Pueblo
Schutt, Robert C Jr; Colorado Springs
Scott, Francis A; Denver; Englewood
Scott, Gary A; Durango
Sherbok, Bernard C; Denver
Shroyer, Joseph M; Pueblo
Silfverskiold, Jan P; Wheat Ridge
Sillix, Patrick A; Grand Junction
Smith, John P; Arvada; Golden
Sobel, Roger M; Fort Collins
Stabel, David E; Thornton; Westminster
Stahl, Eric J; Lakewood; Golden
Stedman, Wilfred D; Sarasota FL
Steinhardt, Kasiel; Denver; Englewood
Straehley, Douglas J; Wheat Ridge; Arvada
Strasburger, Arthur K; Littleton; Englewood
Stringer, Theodore L; Colorado Springs
Sudan, A Chester Jr; Englewood; Denver
Susman, Morris H; Denver

Talbott, Richard D; Denver
Tartaglia, Louis Jr; Loveland
Taylor, Richard C; Littleton; Parker
Teal, Frederick F III; Denver
Thomas, Herbert J III; Lakewood; Denver
Thulin, William J; Englewood
Traina, Steven M; Denver
Tramutt, H Michael; Westminster; Arvada

Urban, James G; Aurora; Greenwood Village

Vandenberg, Joseph P; Boulder
Varner, Lawrence N; Aurora; Englewood
VonRueden, Kurt W; Wheat Ridge
Vostinak, William J; Westminster

Waldron, C Milton; Colorado Springs
Waldrop, William L; Grand Junction
Walker, Ronald E; Colorado Springs
Waller, John A; Wheat Ridge
Weaver, James K; Glenwood Springs
Weinerman, Stewart K; Aurora; Englewood
Weingarten, Peter L; Aurora; Englewood
Wells, G Gray; Englewood
Wiedel, Jerome D; Denver
Wilkins, Ross M; Denver; Golden
Williams, William J; Boulder
Wilson, Christopher S; Wheat Ridge; Denver
Winkler, Louis H; Montrose
Wintory, Terry; Aurora
Wong, David A; Denver; Golden
Woods, Michael W; Greeley

Yamamoto, Francis K; Denver
Yocum, Harold A; Denver; Golden
Young, Robert S Sr; Palm Springs CA
Young, Robert S II; Pueblo

OTOLOGY

Balkany, Thomas J; Denver
Berlin, Barry P; Littleton

Carris, James V; Colorado Springs

Demshki, Andrew E Jr; Pueblo
Dragul, Paul H; Denver; Englewood

English, Gerald M; Englewood; Denver

Goin, Donald W; Denver

Hohengarten, John H; Colorado Springs

Jones, Roy W; Denver; Englewood

Lipkin, Alan F; Denver; Englewood

Smith, Bruce M; Fort Collins

OTORHINOLARYNGOLOGY

Arenberg, I Kaufman; Englewood

Balkany, Thomas J; Denver
Barcz, Dennis V; Wheat Ridge
Bedard, Charles H; Pueblo
Berlin, Barry P; Littleton
Birney, Janice L; Littleton; Golden
Blair, James R; Denver
Blattner, Robert Elliott; Greeley
Burgert, Paul H; Glenwood Springs

Capoot, Gerald D Jr; Denver; Englewood
Carr, Alfred N; Longmont
Carr, H Patrick; Aurora
Carris, James V; Colorado Springs
Carter, Donald R; Englewood; Denver
Cate, James R; Englewood; Littleton
Childers, Marvin A III; Loveland
Cichon, J Valentine; Pueblo
Conlon, Robert M; Fort Collins
Cook, Roger P; Fort Collins
Cundy, Richard L; Denver

Dart, Douglas J; Boulder
Demos, George T; Aurora
Demshki, Andrew E Jr; Pueblo
Dennington, Michael L; Aurora; Denver
Drohan, Paul S; Lakewood

Edgerton, J Craig; Durango
English, Gerald M; Englewood; Denver
Ernster, Joel A; Colorado Springs

Fieman, Robert J; Denver
Fieman, Sidney H; Denver
Foti, Dominic Jr; Colorado Springs

Gabelman, Omer P; Grand Junction; Kennewick WA

Hartshorn, Denzel F; Grand Junction
Hobbs, Jan D; Montrose
Hogle, Gregory A; Denver
Hohengarten, John H; Colorado Springs

Jones, Roy W; Denver; Englewood

Kendall, Ralph T; Colorado Springs
Kinzler, Dale L; Arvada
Kosmicki, Patrick W; Denver; Englewood
Krekorian, Edmund A; Denver; Aurora
Kreutzer, Erik W; Lakewood; Denver

Laforce, Richard F; Sterling
Lanier, Dennis M; Denver
Lillydahl, William C; Boulder
Lipkin, Alan F; Denver; Englewood

Marbry, George W; Boulder
McMullan, Kathryn L; Brighton
Miller, Roger W; Pueblo
Modlin, Richard A; Colorado Springs
Murphy, Daniel S; Denver
Murphy, David A; Denver
Myers, Carl B; Denver

Olson, Neiland R; Colorado Springs

Padrnos, Richard E; Boulder
Peterson, James H; Greeley
Peterson, Keith E; Greeley
Philpott, Ivan W; Denver
Pruitt, J C; Colorado Springs

Ranzenberger, Steven S; Colorado Springs
Rasband, Rick W; Aurora
Romett, J Lewis; Colorado Springs
Rusk, Harvey S; Pueblo

Schaler, Richard E; Englewood
Schilling, Donald H; Boulder
Silveira, M Beatriz; Aurora
Smith, Brent J; Denver; Englewood
Smith, Bruce M; Fort Collins
Sobel, John H; Thornton
Spofford, Bryan T; Denver
Stecker, Raymond H; Colorado Springs
Sutton, Paul; Denver

Tralla, Michael A; Denver; Cherry Hills Village

Vandewater, Frank W; Lakewood

Waldmann, Robert P; Denver
Weaver, Marlin E; Denver
Whistler, Carl W; Denver
Widney, Sam E; Greeley
Wilson, William H; Denver

Zuidema, Jacob J; Estes Park

PATHOLOGY

Allen, Patrick C; Loveland
Alt, Brooke; Boulder
Ashe, S M Prather; Denver

Bender, Brice J; Longmont
Benson, Alan E; Longmont
Benziger, Michael J; Montrose
Berthrong, Morgan; Colorado Springs
Black, William C Jr; Denver
Bowerman, David L; Colorado Springs
Buslee, Roger M; Durango

Canfield, Thomas M; Montrose
Carver, Robert K; Englewood; Aurora
Cox, William F Jr; Wheat Ridge; Golden

Dawson, Donald L; Colorado Springs
deCampo, Rosina E; Denver; Littleton
Degener, David F; Grand Junction
Denst, John; Denver
Dickey, Gary D; Denver; Littleton
Dickey, William C; Denver; Morrison
Doucette, John W; Denver

Englund, Garth W; Fort Collins

Fritz, Thomas J; Grand Junction

Galloway, W Ben; Denver; Aurora
Giorno, Ralph C; Denver

Hanley, Kevin W; Boulder
Hicks, M John; Denver; Westminster
Holm, William A; La Junta

Ilvonen, Roger Paul; Denver

Kehmeier, Dean F; Durango
Kennedy, L James Jr; Denver
Kidder, Lewis A; Mesa AZ
Klein, M G; Grand Junction
Knaus, Kendal C; La Junta
Konopka, Derek J; Denver
Kurland, Stanley K; Denver

Lagerborg, Vincent A; Denver
Leitch, William H; Denver
Lepoff, Ronald B; Denver
Long, Aaron D; Grand Junction
Lowell, David H; Denver; Englewood

Marsh, Stuart G; Pueblo
McGee, Hugh J Jr; Wheat Ridge; Golden
Merrick, Thomas A; Denver
Meyer, John E; Boulder
Mills, John W; Greeley
Minzer, Eugene R; Denver
Moore, Gene H; Colorado Springs
Morgan, David L; Englewood; Littleton

Olshock, Richard; Wheat Ridge

Palmer, Harold D; Sedona AZ
Pirch, Howard R; Denver
Pizzo, Christopher J; Denver
Poulsom, Edwin D; Denver

Reid, John H; Fort Collins
Reiquam, C W; Denver; Lakewood
Reynders, Michel A; Denver
Robichaux, Val; Cortez; Durango

Saccomanno, Geno; Grand Junction
Sartorio, Ernest Jr; Denver
Sciotto, Cosimo G; Colorado Springs
Sherwin, Richard M; Colorado Springs
Sinton, Eleanor; Englewood
Smith, Drew H; Fort Collins; Edwards
Smith, Myron C; Greeley
Stienmier, Richard H; Colorado Springs
Stoffel, Philip T; Aurora; Denver

Toll, Giles D; Denver
Toll, Henry W Jr; Denver
Truell, John E; Englewood

Venbrux, Henry J; Greeley
Vincent, Thomas N; Denver; Englewood
Visconti, Paul B; Denver; Aurora

Warren, George H; Denver

PEDIATRIC ALLERGY

Andrews, Francine G; Lakewood; Golden
Avner, Sanford E; Denver; Englewood

Bock, S Allan; Boulder
Buckley, Jerome M; Aurora; Denver
Burrows, Edwin H; Denver; Englewood

Go, Sumio; Colorado Springs

Karlin, Joel M; Lakewood; Denver
Kessel, David; Arvada
Koepke, Jerald W; Denver; Littleton

Murthy, Krishna C; Fort Collins

Vedanthan, P K; Fort Collins

PEDIATRIC CARDIOLOGY

Battock, Dennis J; Aurora

Duster, Mark C; Colorado Springs

Greensides, Robert D; Colorado Springs

Hawes, Charles R; Denver; Littleton

PEDIATRIC ENDOCRINOLOGY

Weiss, Edra B; Lakewood; Littleton

PEDIATRIC NEPHROLOGY

Klenk, Eugene L; Denver

PEDIATRIC RADIOLOGY

Lince, Deborah M; Colorado Springs

Stavros, A Thomas; Englewood

PEDIATRIC SURGERY

Akers, David R; Denver

Bailey, William C; Denver; Englewood
Blocker, Sterling H; Colorado Springs

Glancy, Gerard L; Denver; Aurora

Haase, Gerald M; Denver; Littleton

Janik, Joseph S; Denver; Englewood

MacPhee, William M; Aurora; Denver
Meagher, David P Jr; Denver; Golden

Petersen, Warren A; Grand Junction

Wayne, Eli R; Denver; Englewood

PEDIATRICS

Adasek, Peter J; Colorado Springs
Amer, Jules; Denver
Arthur, James H; Denver; Aurora
Ashbach, Nancy W; Loveland
Aumiller, Charles L; Boulder
Auxier, Gary G; Montrose

Barber, Donn J; Greeley
Barber, Donn R; Denver; Aurora
Barkin, Roger M; Denver
Barter, Jeffrey; Littleton; Englewood
Bassow, Solomen H Jr; Wheat Ridge
Baumgartner, Ronald; Boulder
Beach, Don E; Delta
Beard, Donald Y; Fort Collins
Bedell, Richard F; Boulder
Berman, Edward R; Denver
Blakeman, Gordon J; Denver
Bogan, Paul M; Denver
Booth, Richard R; Fort Collins
Bremers, Jean M; Denver; Englewood
Brigham, Dwight P B; Greeley
Brown, Jeffrey M; Colorado Springs
Brudenell, Mary Dina; Boulder
Bryan, Richard Wm D; Lakewood
Bublitz, Deborah K; Littleton
Burrows, Edwin H; Denver; Englewood

Call, Keren E; Denver; Aurora
Cantwell, Hendrika B; Denver; Golden
Cardos, Stephen F; Brighton
Carsey, Eben D Jr; Boulder
Christon, Margaret A; Fort Collins
Collins, Michael A; Boulder
Cook, Boyd W; Conifer
Cook, Donald E; Greeley
Cooper, John D; Greeley
Corcoran, Connie L; Aurora
Curry, Vernell W; Pueblo

Daneshbod-Skibba, Ghodsi; Arvada
Dieringer, Thomas M; Fort Collins
Dimaria, Vincent A; Littleton
Dunn, Thomas R; Greeley

Eisenbaum, Allan M; Aurora
Elliott, Max A; Fort Collins
Ellsworth, Rita A; Lamar
Etzenhouser, Keith T; Golden

Feiten, Daniel J; Englewood
Findlay, William A; Grand Junction
Fink, Anthony G; Greeley
Fitzgerald, David T; Longmont
Flax, Leo J; Denver
Fleischaker, Gordon H Jr; Wheat Ridge; Lakewood
Frank, Michael S B; Denver
Fries, Stephen M; Boulder

Geis, Linda H; Denver
Gelfand, Daniel E; Denver
Genrich, John H; Colorado Springs
Gheen, Kenneth M; Colorado Springs
Gibson, Matthew L Jr; Aurora
Gilman, James I; Denver
Ginsburg, Freeman M; Aurora
Ginsburg, Max M; Denver
Glasser, Edward J; Littleton
Go, Sumio; Colorado Springs
Golub, Daniel E; Fort Collins
Greensher, Arnold; Colorado Springs
Grosshans, Charles L; Lakewood
Guard, Harold L; Denver

Halperin, Lisa F; Denver; Boulder
Hartley, Robert D; Denver; Greeley
Hawlick, Garfield F; Lincoln NE
Hernandez, Jacinto A; Denver; Englewood
Herr, David S; Grand Junction
Hibbard, H David; Louisville; Boulder
Hoch, Peter C; Denver

Jacobs, Valerie A; Arvada
Johnson, R Reed; Denver; Littleton

Kelly, Robert R; Alamosa
Kelsall, Charles H; Englewood
Kessel, David; Arvada
Kessler, Charles J; Thornton; Westminster
Kitlowski, Noel P; Aurora
Klenk, Eugene L; Denver
Koepke, Jerald W; Denver; Littleton
Kuna, Gupta B; Pueblo
Kurtz, Michael L; Aurora; Denver
Kutalek, Kenneth J; Evergreen

LaForce, William R; Sterling
Lampe, John M; Denver
Landon, F Rodman; Colorado Springs
Langendoerfer, Sharon I; Denver
Lewis, Philip L; Denver
Lubchenco, Lula O; Denver
Luebbert, Steven J; Colorado Springs

Markson, Jay A; Denver
Maurer, Lawrence E; Boulder
May, Duane L; Greeley
McCallon, T Dwaine; Buena Vista
McCreery, Richard A; Colorado Springs
McDaniel, Janice R; Grand Junction
McDonald, Roderick J Jr; Denver; Littleton
McGinnis, James G; Fort Collins
Melinkovich, Paul; Denver; Evergreen
Meyer, Maryethel; Lakewood
Meyer, Ronald C; Wheat Ridge; Lakewood
Mijer, Frits; Denver
Miller, Alvin P; Denver
Miller, Ted W; Pueblo
Miller, William B; Lakewood
Montgomery, Eva; Lakewood; Littleton
Moon, William A Jr; Denver
Moore, Donald B; Boulder
Moore, Richard H; Louisville; Boulder
Moore, Virginia M; Littleton
Morrell, Don L; Denver
Morris, Dorothy L; Arvada
Moyer, John P; Evergreen

Needham, Merl E; Denver; Littleton
Nelson, Nancy E; Denver
Nelson, Roy G; Boulder; Louisville
Nichalson, Stephen S; Lakewood; Littleton
Nielsen, Peter G; Colorado Springs

O'Meara, Owen P; Denver; Englewood

Parsons, Julie A; Denver
Patel, Dayalji D; Thornton; Westminster
Pearlman, Mark H; Aurora; Englewood
Peppers, Tracy D; Denver
Pharo, Susan A; Denver; Wheat Ridge
Piper, James C; Grand Junction
Potts, William E; Lakewood; Denver
Proctor, Carla R; Pueblo

Rabinowitz, Jay S; Parker
Rademacher, Raymond J; Denver
Rao, Y N; Pueblo
Reddy, Carol F; Denver
Reich, Harvey M; Wheat Ridge
Reich, Laura M; Colorado Springs
Rhodes, Paul H; Lakewood
Rich, Berkeley L; Littleton
Richeaux, Kenneth A; Colorado Springs
Richer, Michaleen; Denver
Riley, Conrad M; Denver
Roos, David Brian; Aurora
Rosenberg, Jonas S; Denver
Rumack, Barry H; Denver; Littleton
Rumley, A S; Fort Collins

Sachs, Robert A; Littleton
Sargent, Robert A; Littleton; Englewood
Schaten, Robin L; Longmont
Schick, Walter R; Denver
Schroeder, Fredric A; Denver; Englewood
Schultz, Linda M; Glenwood Springs
Scott, Jeffrey R; Englewood; Castle Rock
Shiffman, Richard N; Arvada
Shira, James E; Denver; Englewood
Shoptaugh, A Glenn Jr; Colorado Springs
Sikand, Gita S; Denver; Englewood
Silverman, Leonard D; Aurora; Denver
Simon, David C; Aurora
Sisson, Earl M; Greeley
Soper, Harriette C; Grand Junction
Spalter, Roger M; Littleton
Spoering, Craig A; Grand Junction
Stapp, R Holbrook; Englewood; Denver
Stark, Meritt W; Las Cruces NM
Stephens, George K III; Boulder
Stiefler, Richard E; Grand Junction
Stigler, Del; Denver
Storm, Thomas P; Denver; Northglenn
Strain, James E; Elk Grove Village IL; Prospect Hts IL
Studebaker, Lynne R; Englewood; Golden

Takahashi, William Y; Boulder
Tharp, James A; Denver; Littleton
Thompson, Lee S; Aurora; Denver
Thompson, Stephen D; Wheat Ridge; Arvada
Tschetter, Paul N; Englewood
Tubergen, David G; Denver

Verploeg, Ralph H; Denver

Walters, Vernon W; Evergreen
Weiner, Melvin H; Littleton; Denver
Weiss, Edra B; Lakewood; Littleton
Weiss, Joan; Arvada; Wheat Ridge
Wells, David W; Aurora; Parker
Wera, Thomas J; Fort Collins
Westerlund, Margaret E; Denver
Wheelock, Seymour E; Denver
White, Wallace C; Denver; Aurora
Wiard, Thomas D; Montrose
Winchester, Paul D; Colorado Springs
Wing, Diane L; Parker

Yaeger, John J; Pueblo

Ziegler, William L; Denver

PHYSICAL MEDICINE & REHAB

Aschberger, John J; Denver; Englewood

Balazy, Thomas E; Englewood
Bramer, Clifford F; Laguna Niguel CA; Pueblo

Cabiling, L C Jr; Pueblo
Carle, Terry V; Englewood
Cilo, Mark P; Englewood
Crawford, James W; Pueblo

Davis, Roger W; Colorado Springs
Dillon, T James; Denver
Dorr, Lugene A; Lakewood; Littleton

Hinton, Julie A; Denver
Hsu, Shih Fong; Englewood

Keely, Marjorie L; Grand Junction

Lammertse, Daniel P; Englewood
Lueck, Roger A; Englewood; Aurora

Marcelo, Teresita R; Denver
Menter, Robert R; Englewood

Ogden, McAlpine P; Boulder

Ritsick, Joseph A; Denver

Sable, Aaron W; Denver
Scaer, Robert C; Boulder
Scott, Floyd E; Denver; Littleton
Shahzadi, Mehrbanoo (Mary); Colorado Springs
Shonk, John J Jr; Colorado Springs
Struck, Teresa H; Colorado Springs

Twombly, George C Jr; Denver; Englewood

Vaughan, Judith B; Greeley

Weintraub, Alan H; Englewood

Yarnell, Philip R; Denver; Englewood

PLASTIC SURGERY

Albin, Richard E; Denver
Arganese, Thomas J; Denver; Englewood

Baker, Bruce B; Englewood
Betson, Raymond J Jr; Wheat Ridge; Denver
Burrow, Claude H; Boulder

Charles, David M; Denver
Cochran, John H Jr; Denver
Cramer, Lester M; Colorado Springs

DuBois, David D; Colorado Springs
Duncan, Diane; Lubbock TX; Fort Collins
Durand, Linda L S; Greeley

Eisenbaum, Sidney L; Aurora; Englewood

Fawell, Thomas W; Highlands Ranch
Foti, Dominic Jr; Colorado Springs

Garcia, F A; Denver
Gargan, Thomas J III; Denver; Englewood
Geisterfer, Dirk J; Denver; Englewood
German, Charles; Englewood
Gill, John R; Wheat Ridge; Lakewood
Goldstein, Stephen A; Englewood; Aurora
Grossman, John A; Denver

Hanson, J R; Colorado Springs

Janson, Richard A; Grand Junction
Jaouen, Richard M; Greeley

Knize, David M; Englewood
Kuisle, Hans R; Boulder

Lacy, George M; Denver; Englewood
Lawrence, Richard A; Pueblo
Luebke, Donald C; Pueblo

Macomber, Douglas W; Denver
Marritt, Emanuel; Englewood
McCulloch, Alexander T Jr; Colorado Springs
McKinnon, Douglas A; Denver
Merkel, William D; Grand Junction

O'Donnell, Richard S; Denver; Englewood

Payea, Norman P II; Lakewood; Wheat Ridge

Replogle, Scott L; Longmont; Boulder
Reynolds, Craig A; Lakewood
Rodriguez, Jose L; Glenwood Springs

Saber, William L; Denver; Golden
Schmidt, Douglas R; Denver
Serota, Joseph F; Aurora; Englewood
Shesol, Barry F; Aurora
Smith, Kirk M; Fort Collins
Snively, Steven L; Denver; Littleton
Speirs, Alfred C; Colorado Springs
Stormo, Alan C; Boulder
Sumners, Thomas C; Denver

Tegtmeier, Ronald E; Golden
Thomas, Donn D; Englewood
Thompson, Richard H Jr; Englewood

Vigor, William Jr; Wheat Ridge; Lakewood

Walker, Ian G; Colorado Springs
Weatherley-White, Roy C A; Denver
Winder, Denis J; Durango

Zbylski, Joseph R; Denver; Englewood
Zwiebel, Paul C; Englewood; Littleton

PROCTOLOGY

Katchian, Azad; Wheat Ridge

Loken, Arnold B; Littleton

Turley, Ginger T; Englewood; Aurora

PSYCHIATRY

Anderson, Judson T; Colorado Springs
Anker, Jeffrey L; Boulder
Anneberg, Spencer K; Greeley
Austin, Lawrence E; Pueblo

Barbato, Lewis; Denver
Behrns, Robert S; Englewood
Bernstein, Lawrence H; Denver
Bonney, Charles S; Pueblo
Botha, Eleanor; Englewood
Boyd, J David; Boulder
Brady, E James; Colorado Springs
Bumgarner, Frank E Jr; Denver

Casper, Edmund; Denver
Caster, David U; Colorado Springs
Cattell, Richard B; Denver; Golden
Chinburg, Ken G; Englewood; Littleton
Clark, Lee W; Broomfield; Denver
Cohen, Elliot S; Colorado Springs
Cohen, R Robert; Aurora
Conde, Richard L; Colorado Springs
Courtright, Anne C; Pueblo
Cresswell, George F; Colorado Springs
Culp, Raymond M; Alamosa; Del Norte
Currier, Laurence M; Littleton

Dahlberg, William W; Denver
Davis, Herbert A; Colorado Springs
Dilts, Stephen L; Denver; Lakewood
Drake, Frank R Sr; Denver
Dye, Charley W; Colorado Springs

Elwonger, David M; Colorado Springs
Espey, William M; Denver
Everett, Ralph E; Colorado Springs

Faul, John C; Denver
Fletcher, Gary H; Englewood
Freund, B William; La Junta
Frey, Henry; Denver

Gamblin, Kenneth R; Colorado Springs
Garfein, Arthur D; Littleton
Glasco, Donald G; Littleton
Goldmuntz, Barry M; Colorado Springs; Manitou Springs
Good, David M; Longmont
Graham, William H; Aurora; Denver
Grasso, Ralph J; Boulder
Gregory, Douglas P; Colorado Springs
Grey, Leslie; Denver
Guerra, Frank; Denver

Hannum, John N; Denver
Harley, Ned R; Boulder
Hauser, Charles E; Colorado Springs
Heckmann, Richard C; Denver
Herriott, Michael; Colorado Springs
Hersch, L Brian; Boulder
Hopple, Lynwood M; Montrose

Hunter, Carol A; Fort Lyon
Hurley, Thomas J; Colorado Springs

Illige-Saucier, Martha; Denver
Ingram, William L; Colorado Springs

Jacobson, Jacob G; Boulder
Johnson, Roger M; Greeley
Jones, William A; Fort Collins

Keener, Carl L; Denver
Kelley, Severance B; Longmont
Kennison, Warren S; Denver; Golden
Kent, Emma M; Lakewood
Kort, Haydee C; Pueblo
Krause, Kenneth D; Aurora; Denver

Lauer, James W; Denver
Lazarus, Jeremy A; Englewood
Lentini, Vincent C; Colorado Springs
Levy, Irwin B; Denver
Lewis, Frederick A Jr; Englewood
Lightburn, John L; Denver; Golden
Locketz, Harold D; Denver

Marx, Johann R; Denver
McCaw, William W Jr; Denver
McClure, Scott H; Colorado Springs
Miller, Thomas E; Grand Junction
Moffett, P Michael; Longmont
Moldauer, Leslie; Denver
Moser, Edgar A; Denver
Motl, John M; Fort Collins
Motl, John M; Fort Collins
Murchison, William G; Pueblo

Nakakuki, Masafumi; Denver
Newlin, Carol M; Fort Collins

Oppegard, Charles R; Englewood; Denver

Paley, Aaron; Denver
Pecevich, Mark; Pueblo
Pensack, Robert J; Denver
Petersen, Gordon W; Denver
Plazak, Dean J; Boulder
Preble, Parker E; Fort Collins

Rabin, Ronald A; Denver
Raybin, James B; Boulder
Rehg, Willian F; Englewood
Rice, David R; Jamestown
Rose, Cynthia; Colorado Springs
Rosenbloom, J L; Pueblo
Rymer, Charles A; Denver

Sadler, John E Jr; Fort Smith AR; Fraser
Silvestri, H Peter; Denver
Singleton, Albert O III; Galveston TX
Solomon, Maurice C; Colorado Springs
Stanfield, Clyde; Denver
Steele, Brandt F; Denver
Stein, Gerald S; Colorado Springs
Sykes, William M; Denver; Golden
Szvetecz, Frank C; Colorado Springs

Thomason, Hubert H Jr; Denver
Troy, Richard E; Grand Junction

Weiss, Stanley S; Denver; Englewood
Wiggins, Roger G; Evergreen
Willett, Allan B; Denver
Williams, C Rex; Colorado Springs
Wood, Benjamin S Jr; Denver

Yap, Alfredo T; Pueblo
Yost, John F; Aurora; Parker

Zaki, Sayed M; Denver

PSYCHIATRY & NEUROLOGY

Ballard, Phillip W; Colorado Springs

Guerra, Frank; Denver

McCleary, Edward L; Denver

Sills, Theron G; Greeley

PSYCHOANALYSIS

Cattell, Richard B; Denver; Golden

Garfein, Arthur D; Littleton

Jacobson, Jacob G; Boulder

Keener, Carl L; Denver
Kennison, Warren S; Denver; Golden

Stein, Gerald S; Colorado Springs

Weiss, Stanley S; Denver; Englewood

PSYCHOSOMATIC MED

Guthrie, Michael B; Colorado Springs

Perry, Robert B; Littleton

Smith, Darvin W; Boulder

Weiner, Melvin H; Littleton; Denver

PUBLIC HEALTH

Bowling, F Lee; Englewood

Davis, Telford A; Bayfield; Durango
Donnelly, John H; Boulder
Doster, Mildred E; Denver
Dowding, Charles H Jr; Aurora

Hattem, Albert R; Fort Lupton; Denver

Kurowski, J L (Jim); Denver

Melinkovich, Paul; Denver; Evergreen
Muth, John B; Colorado Springs

Raattama, Ruth J; Denver
Redwine, Robert H; Pueblo
Rohrer, H Hugh; Englewood; Littleton

Sherwood, Robert W; Fort Collins
Stuver-Webster, Edna L; Denver

Thomasson, George O; Englewood; Highlands Ranch
Thron, Ann L; Boulder

Vernon, Thomas M Jr; Denver

White, Carleton B; Littleton

Zick, H Rolan; Boulder

PULMONARY DISEASES

Ansfield, Michael J; Colorado Springs

Bechtel, Joel J; Grand Junction
Berg, Robert N; Denver; Englewood
Bigelow, D Boyd; Denver
Bjerke, Randal D; Boulder
Bogin, Robert M; Denver
Bortz, Alan I; Littleton; Denver
Broughton, Joseph O Jr; Denver
Buckley, John E; Denver

Canaday, Peter G; Denver
Canham, Edward M; Aurora
Cash, Robert L; Greeley
Char, David C; Thornton; Denver
Clark, Dumont F; Pueblo
Clifford, Dennis P; Wheat Ridge; Evergreen
Coffman, Delmar L; Wheat Ridge

Davidson, Allan B; Colorado Springs
Demarco, Frank J Jr; Wheat Ridge
Dempsey, Edward C; Denver

Ellis, James H Jr; Denver; Englewood

Fliegelman, Martin J; Denver; Englewood

Gerber, Michael J; Wheat Ridge; Denver
Good, James T Jr; Denver; Englewood
Grady, James R; Boulder
Gunstream, Stanley R; Fort Collins

Hurst, Allan; Santa Fe NM

Kelble, David L; Denver; Evergreen
Kelley, William A; Grand Junction
Kennedy, Timothy C; Denver
King, Talmadge E Jr; Denver; Aurora

Lee, Russell M; Colorado Springs
Lindquist, Valdemar A Y; Denver; Golden
Luzietti, Richard G; Aurora; Littleton

Maulitz, Robert M; Denver
McClellan, Michael D; Denver
McClung, Harvey W; Pueblo
Mitchell, Roger S; Denver
Mountain, Richard D; Denver; Littleton

Newcomer, John A; Colorado Springs
Newman, Lee S; Denver

Oakley, Robert D; Denver; Littleton
Olvey, Stuart K; Colorado Springs

Patz, David S; Grand Junction
Peterson, W Peter; Denver
Petty, Thomas L; Denver
Phelps, Harvey W; Pueblo
Pluss, William T; Denver

Repsher, Lawrence H; Wheat Ridge
Rest, Arthur; Denver

Rollins, Donald R; Loveland

Salerno, Charles F; Pueblo
Sandhaus, Robert A; Denver; Littleton
Silvers, William S; Englewood; Denver
Slonim, N Balfour; Denver

Taryle, David A; Denver
Tate, Robert M; Denver
Telatnik, Stephen C; Colorado Springs
Truitt, Leigh; Denver

VanHook, Charles J; Longmont
Varnum, Robert C; Colorado Springs

Waite, H Dennis; Denver; Littleton
Weller, William J; Colorado Springs
Wick, James E; Aurora; Denver
Wicks, Allan B; Denver
Wiggins, Milton L; Colorado Springs
Williams, Clyde H III; Colorado Springs
Wilson, Robert K; Pueblo

Ziporin, Philip; Denver

RADIATION ONCOLOGY

DeBiose, David A; Denver

Paquette, Frederick R; Grand Junction

Schneider, Michael J; Denver; Englewood
Schreiber, David P; Denver
Simpson, C Kelley; Lakewood

RADIOLOGY

Aarestad, Norman O; Denver
Armbrust, Douglas W; Greeley

Babcock, George C; Denver; Englewood
Baker, Claude D; Denver; Littleton
Barber, Frank E; Denver
Bates, Thomas R; Colorado Springs
Bowles, Charles R; Boulder
Brake, Janneutte; Brighton; Aurora
Brenneman, Janice K; Englewood; Denver
Brubaker, James N; Denver
Budge, John C; Longmont
Burdick, Duncan C; Colorado Springs
Burns, Dorr H; Grand Junction

Callaghan, Edward E; Denver
Chalus, Dennis M; Denver; Englewood
Cook, Philip S; Denver
Cronin, John C; Fort Collins
Curtis, William S; Boulder
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Schwartz, Arthur A; Aspen

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Section 6

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The Alphabetical Index contains a listing of all physician members in alphabetical order. The names are followed by the geographic location of the member's primary practice (which will refer the reader to the listing by city and town in Section 3 of this Directory).

The Directory Advertiser's Index contains names and page locations of each of the advertisers who supported the publication of the 1989 Directory. We encourage you to support their businesses as well.

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Robert D. Hartley, M.D.
President 1988-1989

1989 CMS PHYSICIAN'S DIRECTORY

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Berg, Kevin R; Longmont
Berg, Mary J; Ordway
Berg, Robert N; Denver; Englewood
Berger, Elwin; Denver; Englewood
Berger, Sally C; Denver; Lakewood
Beringer, E Duane; Honolulu HI
Berk, Leonard E; Denver
Berkbigler, Dale T; Del Norte
Berkeley, Michael E; Aspen
Berlin, Barry P; Littleton
Berman, Edward R; Denver
Berman, Michael L; Colorado Springs
Bermingham, Roger P; Fort Collins
Bernhardt, Richard N; Denver; Littleton
Berns, Barry R; Windsor; Fort Collins
Bernstein, Lawrence H; Denver
Bernstein, Leonard D; Thornton
Bernstein, Udell L; Denver
Bernton, J Tashof; Denver
Berris, Robert F; Denver
Berry, Jack L; Wray
Berry, William R; Longmont
Bershof, Edward; Denver
Berthrong, Morgan; Colorado Springs
Bertz, Michael W; Denver
Berzins, Ina; Denver
Besch, Nicholas J Jr; Arvada
Bess, Howard H Jr; Denver; Englewood
Bess, Robert J; Englewood
Best, Thomas E Jr; Wheat Ridge
Betson, Raymond J Jr; Wheat Ridge; Denver
Betzer, Laura K; Wheat Ridge; Evergreen
Bevan, William A Jr; Vail; Eagle-Vail
Beyer, Eugene F; Colorado Springs
Bianco, Peter M; Colorado Springs
Bier-Laning, Carol M; Aurora
Bieser, Richard G; Aurora; Denver
Bigelow, D Boyd; Denver
Bigelow, Eugene V; Denver
Bigler, Jane E; Denver
Bildstein, Rodger D; Colorado Springs
Binding, Ronald R; Denver
Birenboim, Harold L; Wheat Ridge; Denver
Birn, Jeffrey I; Thornton
Birner, W Frederic; Pueblo
Birney, Janice L; Littleton; Golden
Biscardi, Henry M; Denver
Bishop, Richard P; Broomfield
Bissell, John; Denver
Bjerke, Randal D; Boulder
Bjork, Floyd J; Golden
Bjork, Randall J; Colorado Springs
Black, William C Jr; Denver
Black, William L; Canon City; Colorado Springs
Blackard, Carol J; Aurora
Blair, Emil; Annapolis MD
Blair, James R; Denver
Blake, Clyde D; Colorado Springs
Blakely, Charles A; Grand Junction
Blakeman, Gordon J; Denver
Blanchard, Thomas J; Commerce City; Northglenn
Blanchet, William L; Boulder
Blaney, Loren F; Denver
Blattner, Mary Austin; Greeley
Blattner, Robert Elliott; Greeley
Blattspieler, S F; Colorado Springs
Blayney, Robert L; Littleton; Denver
Bliss, Robert J Sr; Fort Collins
Blocker, Sterling H; Colorado Springs
Bloink, Steven W; Greeley
Blomer, Allison; Lafayette
Blonder, Ronald D; Colorado Springs
Bloor, Robert J; Pueblo West
Bock, George W; Craig
Bock, S Allan; Boulder
Bodenhamer, James E; Denver
Bodman, Stephen F; Colorado Springs
Bodnar, Judith K; Aurora
Boehlke, Russell R; Fort Collins
Boelter, William C II; Greeley
Bogan, Paul M; Denver
Bogin, Robert M; Denver
Bogner, Phillip J; Del Norte
Bohlender, Timothy D; Denver; Westminster
Bolles, Frank P; Boulder
Bolles, Gene E; Boulder; Longmont
Bond, Marcus B; Golden
Bondi, Raymond G; Denver
Bonnet, Carol G; Grand Junction
Bonney, Charles S; Pueblo
Bookman, Lawrence B; Steamboat Springs
Booren, Jack C; Denver
Booth, Richard R; Fort Collins
Borgstede, James P; Colorado Springs
Borkert, Daniel T; Lakewood; Denver
Bortz, Alan I; Littleton; Denver
Bosley, Rex C; Boulder
Bostrom, Paul D; Dolores; Cortez
Boswick, John A Jr; Denver; Englewood
Bosworth, Robert G Jr; Denver
Botha, Eleanor; Englewood
Boucher, Wesley W; Pueblo
Boulder, Joel C; Littleton; Denver
Bourg, Wilson C III; Lakewood
Bourne, Eugene E; Denver; Englewood
Bowen, G Scott; Steamboat Springs
Bowerman, David L; Colorado Springs
Bowers, Abern E; Denver
Bowles, Charles R; Boulder
Bowles, Roger E; Littleton
Bowling, F Lee; Englewood
Bowman, William J; Littleton; Denver
Boyd, J David; Boulder
Boyd, John A K; Durango
Boyle, Kevin J; Littleton; Loveland
Bozeman, Mark F; Denver
Bradley, Robert A; Englewood
Bradley, Robert C; Windsor
Brady, E James; Colorado Springs
Brady, Kevin D; Denver
Brake, Janneutte; Brighton; Aurora
Bramer, Clifford F; Laguna Niguel CA; Pueblo
Bramley, Howard F; Englewood
Bramschreiber, Jerome L; Colorado Springs
Branan, Richard C; Englewood
Brandt, David; Boulder
Brantigan, Charles O; Denver
Brassfield, T Scott; Colorado Springs
Braude, Walter; Denver
Bravo, Jaime F; Denver; Greenwood Village
Brechner, Ross J; Evergreen
Breeze, Robert E; Denver
Brelje, Mabel C; Lakewood
Bremers, Harold H; Denver; Englewood
Bremers, Jean M; Denver; Englewood
Brenman, Steven A; Wheat Ridge
Brennan, Joseph A; Denver; Englewood
Brennan, Michael W; Denver
Brenneman, Janice K; Englewood; Denver
Brethouwer, N Robert; Montrose
Bricker, John W; Denver
Briggs, Gordon W; Denver
Brigham, Dwight P B; Greeley
Brightwell, Nathan L; Colorado Springs
Briney, Walter G; Denver
Bristow, John W; Colorado Springs
Brittain, Philip C; Akron
Brittain, Robert S; Englewood; Denver
Britton, James A; Longmont
Britton, Kent R; Cortez
Brockway, Roger W; Longmont
Brodie, Harry; Littleton
Brokering, Harry R; Glenwood Springs
Bronstein, Alvin C; Denver
Brookens, Bruce R; Denver; Englewood
Brooks, Laurence W; Vail; Edwards
Broughton, Joseph O Jr; Denver
Brown, Charles W; Denver; Englewood
Brown, Courtney W; Lakewood
Brown, Frederick B; Colorado Springs
Brown, Gerald D; Littleton
Brown, Jeffrey M; Colorado Springs
Brown, Michael W; Colorado Springs
Brown, Patricia S; Littleton; Denver
Brown, Robert K; Denver
Brown, Samuel H; Colorado Springs
Brown, Stephen T III; Pueblo
Brown, Woodrow E; Hotchkiss
Browne, Hillary L; Denver; Boulder
Brubaker, James N; Denver
Brubaker, William H; Boulder
Bruck, Edward F; Lakewood; Golden
Brudenell, Mary Dina; Boulder
Bruffy, James L; Canon City
Brugioni, Daniel J; Aurora
Brumfield, Robert A; Colorado Springs
Brundige, Richard L; Lakewood
Brunko, Michael W; Denver

Bruns, Thomas; Loveland
Brusenhan, J Richard; Colorado Springs
Bryan, Richard Wm D; Lakewood
Bryans, William A; Wheat Ridge; Denver
Bub, Joan B; Denver; Englewood
Bublitz, Deborah K; Littleton
Buchanan, Daniel H Jr; Denver
Buchanan, Kay M; Colorado Springs
Buchanan, Robert D; Wray
Buchanan, William S; Sterling
Buchwald, Fred; Evergreen
Buck, George R; Denver
Buck, Peter G; Boulder
Buckley, Charles A; Evergreen
Buckley, Jerome M; Aurora; Denver
Buckley, John E; Denver
Budge, John C; Longmont
Buesing, Russell; Denver
Buglewicz, John V; Florence
Bull, Heman R; Grand Junction
Bull, Malcolm I; Grand Junction
Bumgarner, Frank E Jr; Denver
Bunch, Littleton J; Alamosa
Burcar, Patricia J; Westminster
Burch, William D; Greeley
Burcham, James R; Aurora; Littleton
Burdick, Duncan C; Colorado Springs
Burgert, Paul H; Glenwood Springs
Burgess, Alan W; Denver; Englewood
Burke, James M; Aspen; Snowmass Village
Burke, M Shannon; Denver
Burket, Charles R; Greeley
Burmeister, Glen E; Englewood; Castle Rock
Burnbaum, Mitchell D; Grand Junction
Burnham, Linda A; Fort Collins
Burns, Dorr H; Grand Junction
Burrow, Claude H; Boulder
Burrow, Maida L; Grand Junction
Burrows, Edwin H; Denver; Englewood
Burton, Richard M; Colorado Springs
Burton, William V; Boulder
Bush, James F; Fort Collins
Bush, Jerry O; Grand Junction
Bushnell, Walter J; Englewood; Littleton
Buslee, Roger M; Durango
Bussey, Randy M; Greeley
Butler, Gordon B; Kerrville TX
Butler, Harrison G III; Durango
Butler, Larry J; Colorado Springs
Butterfield, D G; Denver
Butterfield, L Joseph; Denver
Byers, Richard H Jr; Monte Vista

C

Cabanilla, B Rodrigo; Littleton
Cabiling, L C Jr; Pueblo
Cadigan, Robert A Jr; Colorado Springs
Cadora, Donald F; Boulder
Cain, Jeffrey J; Denver
Cain, Leonard W; Cortez; Dolores
Call, Keren E; Denver; Aurora
Callaghan, Edward E; Denver
Callaghan, Rachel J; Steamboat Springs
Callaway, Sam E; Durango
Callen, Wayne L; Leadville
Calonge, Guy D; La Junta
Cameron, Marvin N; Aurora; Denver
Cameron, Mercedes E; Grand Junction
Campbell, Barton H; Arvada
Campbell, Bernard E; Lakewood; Denver
Campbell, David N; Denver; Littleton
Campbell, Dorothy C; Lakewood
Campbell, Douglas M; Lakewood; Denver
Campbell, Frank C; Denver; Englewood
Campbell, Oliver P; Colorado Springs
Campbell, Thomas P; Wheat Ridge; Denver
Campbell, Velma L; Pueblo
Campbell, W MacRae; Pueblo
Campbell, William A III; Denver
Canaday, Peter G; Denver
Canfield, Thomas M; Montrose
Canham, Douglas E; Aurora
Canham, Edward M; Aurora
Cannavo, Laura A; Denver; Englewood
Cantor, Avrim; Colorado Springs
Cantu, Cesar R; Denver
Cantwell, Hendrika B; Denver; Golden
Capek, Richard B Jr; Englewood; Denver
Capek, Richard B Sr; Pueblo
Capin, Leslie R; Aurora
Capoot, Gerald D Jr; Denver; Englewood
Cardos, Stephen F; Brighton
Carey, Michael V; Windsor
Carey, Thomas A; Denver
Carle, Terry V; Englewood
Carlin, Allan W; Wheat Ridge
Carlson, H Blair; Denver
Carlson, Hillis G; Fort Collins
Carlson, Robert G; Denver
Carlson, Roy E; Englewood
Carlton, Robert E; Colorado Springs
Carnes, Marion M; Durango
Carpenter, Craig M; Denver
Carpenter, David E; Wheat Ridge; Arvada
Carpenter, Joseph D; Lakewood
Carpenter, Julie; Boulder
Carr, Alfred N; Longmont
Carr, H Patrick; Aurora
Carrillo, Alfred B; Louisville
Carris, Craig K; Colorado Springs
Carris, James V; Colorado Springs
Carroll, Charles A; Fort Collins
Carsey, Eben D Jr; Boulder
Carson, Bonita S; Denver
Carson, John D; Longmont
Carson, Richard; Littleton; Englewood
Carson, Stanley D; Denver
Carstensen, Earl J; Aurora
Carter, Clinton K; Westminster; Brighton
Carter, Donald R; Englewood; Denver
Carter, Douglas B; Greeley
Carter, John E; Boulder
Carter, Susan D; Greeley
Cartier, John W; Durango
Carver, Robert K; Englewood; Aurora
Cary, Margaret A; Denver
Cash, Robert L; Greeley
Caskey, Jack B Jr; Aspen
Caskey, Jennifer H; Wheat Ridge
Casper, Edmund; Denver
Castellano, Stephen A; Denver
Caster, David U; Colorado Springs
Castle, Everett R; Durango; Tucson AZ
Cate, James R; Englewood; Littleton
Cattell, Richard B; Denver; Golden
Cavanaugh, Kenneth J; Longmont
Cavanaugh, Patrick R; Longmont
Cease, James I; Northglenn; Denver
Cedarblade, Vincent G; Las Vegas NV
Cedars, Chester M; Denver; Englewood
Cedars, Leonard A; Littleton; Englewood
Celada, Marco A; Antonito
Cerasoli, James R; Denver; Littleton
Ceriani, Philip D; Longmont
Cerrone, Donald A; Wheat Ridge
Cersonsky, H Sol; Denver
Chaffee, Charles B; Wheat Ridge; Denver
Chalus, Dennis M; Denver; Englewood
Chamberlain, Thomas J; Montrose
Chambers, William C Jr; Colorado Springs
Chan, Anthony W; Westminster
Chandler, Earl L; Wheat Ridge
Chang, Franklin M; Denver; Littleton
Chapman, Robert G; Denver
Char, David C; Thornton; Denver
Charles, David M; Denver
Chase, Jerry A; Loveland
Chatfield, John N Jr; Colorado Springs
Chesley, Charles C; Greeley
Chesnut, Myrlen E; Holyoke
Chiavetta, Thomas G; Fort Collins
Childers, Marvin A III; Loveland
Childers, Stanley G; Pueblo
Childs, Samuel B; Englewood
Chilton, Sarah J; Denver
Chimento, James J; Pueblo
Chinburg, Ken G; Englewood; Littleton
Chipman, Leon D; Vail; Avon
Chisholm, John W; Denver
Chisholm, R Neil; Denver
Chittum, Mark E; Colorado Springs
Chitwood, Philip A; Denver; Colorado Springs
Choi, Susanna S; Lakewood
Chow, Franklin S; Vail; Eagle-Vail
Christensen, Carole; Boulder
Christensen, Robert W Jr; Canon City
Christiansen, Elinor T; Englewood
Christie, George C; Canon City
Christon, Margaret A; Fort Collins
Christopher, Kent L; Denver
Chu, Henry D; Denver
Ciccone, William J; Colorado Springs
Cichon, J Valentine; Pueblo
Cilo, Mark P; Englewood
Claassen, Duane A; Lakewood; Denver
Clapp, Harry W; Ordway
Clark, Curtis C; Sterling
Clark, D J; Sun City CA
Clark, Darrel Christian; Grand Junction
Clark, David G; Englewood
Clark, Donald M; Denver
Clark, Douglas P; Colorado Springs; Monument
Clark, Dumont F; Pueblo
Clark, James E; Boulder
Clark, Lee W; Broomfield; Denver
Clark, Mary J; Denver
Clark, Phyllis V; Colorado Springs
Clark, Randall M; Denver
Clark, Ronald D; Greeley
Clark, Scott D; Longmont
Clarke, Benjamin K; Denver
Clarke, David R; Denver
Clarke, J Philip; Denver; Englewood
Clautice-Engle, Traci L; Denver
Clayton, Mack L; Denver
Clayton, William D; Colorado Springs
Clemens, Orrie G; Loveland
Cletcher, John O Jr; Longmont
Cleveland, Henry C; Denver
Clifford, Dennis P; Wheat Ridge; Evergreen
Clifford, John H; Aurora; Englewood
Clifford, Michael E; Pueblo
Clifford, Nathan J; Greeley
Clifford, Robert K; Vista CA

Clifton, Guy D; Denver
Cline, Donald W; Salida
Cline, Foster W Jr; Evergreen
Cloyd, David G; Fort Collins
Clutter, Joseph S; Pueblo
Cochran, John H Jr; Denver
Cochran, Thomas S Jr; Fort Collins
Cochrane, David R; Denver; Englewood
Codd, Richard L; Fort Collins
Coffman, Delmar L; Wheat Ridge
Cohen, Edmond F; Denver
Cohen, Elliot S; Colorado Springs
Cohen, Harvey M; Denver; Englewood
Cohen, Milton I; Colorado Springs
Cohen, R Robert; Aurora
Cohen, Richard S; Lakewood; Denver
Colberg, Craig S; Longmont
Cole, Brian; Colorado Springs
Cole, Larry W; Colorado Springs
Cole, Nicholas G; Montrose
Cole, Norman G Jr; Colorado Springs
Cole, Norman J; Larkspur
Coleman, Donald L; Breckenridge
Coleman, Thomas H; Denver
Collins, Dale W; Denver; Lakewood
Collins, Jerome S; Loveland
Collins, John A; Fort Morgan
Collins, Michael A; Boulder
Collins, Thomas J; La Porte; Fort Collins
Colton, Albert H; Longmont; Boulder
Comer, Carolyn R; Aurora; Denver
Comer, Hugh T; Delta
Compton, James F; Fort Collins
Conde, Richard L; Colorado Springs
Condit, Randall S; Denver
Condon, William B; Denver
Cone, Ross B; Denver
Conlon, Robert M; Fort Collins
Conner, Donald J; Englewood; Denver
Conner, Wayne L; Denver; Lakewood
Conrad, Lily C A; Idaho Springs
Conrad, Natalie D; Denver
Conrad, William C; Boulder
Contiguglia, S Robert; Denver
Conyers, David J; Denver
Coogan, Mary A; Denver
Cook, Boyd W; Conifer
Cook, Donald E; Greeley
Cook, Julius E; Colorado Springs
Cook, Philip S; Denver
Cook, Roger P; Fort Collins
Cook, Shelbey S; Denver
Cook, William R; Denver
Cool, Carlyne D; Lakewood
Coonan, John E; Wheat Ridge; Golden
Cooper, Bruce D; Evergreen
Cooper, Daniel R; Cherry Hills
Cooper, Jack; Colorado Springs
Cooper, John D; Greeley
Cooper, Theodore A; Denver
Copeland, F Aubrey; Englewood
Copeland, Lynn R; Durango
Copeland, M Larry; Grand Junction
Coppinger, William R; Virginia Beach VA
Corcoran, Connie L; Aurora
Coringrato, Mario A; Lakewood
Corona, Joseph A; Greeley
Corren, Howard L; Aurora
Coryell, Laurie A; Lafayette; Greeley
Cosby, Michael P; Denver
Cosh, Glenn M; Lakewood
Cotton, Ralph L; Wheat Ridge; Denver
Coulehan, Lawrence T; Denver
Coulter, Robert L Jr; Wheat Ridge
Coulter, Vicki L; Golden
Courtright, Anne C; Pueblo
Courtright, Claiborne L; Pueblo
Cowen, D Eugene; Englewood
Cowen, Homer C; Denver
Cowgill, Joseph S; Boulder
Cox, Robert L; Denver; Englewood
Cox, W William A; Denver
Cox, William F Jr; Wheat Ridge; Golden
Craddock, Lane D; Denver
Craigie, David A; Denver
Craigmile, Thomas K; Denver
Cram, Jon J; Littleton
Cramer, Lester M; Colorado Springs
Crane, Hal S; Denver
Cranor, John D; Fort Collins
Crawford, Gayle P; Arvada; Littleton
Crawford, James W; Pueblo
Crawford, Lewis A; Colorado Springs
Creer, Stephen M; Englewood; Littleton
Cregger, Irby E; Denver
Cresswell, George F; Colorado Springs
Crews, Jerry R; Greeley
Crissey, Michael M; Colorado Springs
Crockett, Emily B; Lakewood
Cromer, Roy; Golden
Cronin, John C; Fort Collins
Crosby, James A; Denver
Crosby, Kristin; Aurora; Denver
Cross, Pamela; Greeley
Crosson, David L; Pueblo
Crouch, Dee B; Boulder
Crouch, W B; Colorado Springs
Crowe, Daniel J; Colorado Springs
Crue, Benjamin L Jr; Durango
Crumbaker, Victor A; Grand Junction
Cullen, John P; Greeley
Cullen, Michael L; Pueblo
Cullen, Richard C; Aurora
Cullum, Lawrence M; Durango
Culp, Raymond M; Alamosa; Del Norte
Culver, William G; Loveland
Cummings, Daniel C; La Junta
Cundy, Richard L; Denver
Cunningham, Leon D; Colorado Springs
Cunningham, R Ray; Jackson WY
Cupps, Jerry L; Commerce City
Curfman, George H Jr; Denver
Curiel, Michael P; Fort Collins
Curran, Thomas E; Aurora
Currier, Laurence M; Littleton
Curry, Marcia F; Denver
Curry, Vernell W; Pueblo
Curtis, Kenneth W Jr; Fort Collins
Curtis, William S; Boulder
Cusick, James M; Denver
Cutrell, Louis M Jr; Wheat Ridge; Arvada
Cutshall, Richard C; Greeley
Cutts, William B; Greeley

D

D'Arcy, Genet; Boulder
D'Arezzo, Paul W; Highlands Ranch
Daarud, R Scott; Boulder; Louisville
Daarud, Richard C; Boulder
Daehn, Mary J; Broomfield
Dafoe, Charles A; Denver
Dahl, Alvin E; Littleton
Dahl, Carl R; Wheat Ridge; Golden
Dahl, John H; Lakewood; Denver
Dahlberg, William W; Denver
Dallow, Kurt T; Eaton
Daneshbod-Skibba, Ghodsi; Arvada
Danforth, James C; Loveland
Daniel, William E; Denver; Englewood
Daniels, Bernard T; Greeley
Danner, Paul K; Denver; Littleton
Dappen, Robert W; Fort Collins
Dardis, Walter T; Pueblo
Darling, Bradford L; Englewood; Littleton
Darrah, Thomas J; Longmont
Dart, Douglas J; Boulder
Daven, Joel R; Pueblo
Davidson, A Marie; Durango
Davidson, Allan B; Colorado Springs
Davidson, James E; Fort Collins
Davis, Ben K; Colorado Springs; Monument
Davis, Charles A; Wheat Ridge
Davis, Dan M; Denver
Davis, Herbert A; Colorado Springs
Davis, I Stephen; Lakewood; Denver
Davis, John A; Denver
Davis, John K III; Denver
Davis, Karen A; Aurora; Parker
Davis, Nell L; Englewood
Davis, Richard L; La Junta
Davis, Roger W; Colorado Springs
Davis, Telford A; Bayfield; Durango
Davis, Windon H; Greeley
Dawson, Donald L; Colorado Springs
Dawson, Dwight C; Colorado Springs
Day, James H Jr; Colorado Springs
Day, John R M; Boulder
Day, L Dorine; Denver
Deal, Terry D; Colorado Springs; Monument
DeAlva, William E G; Denver
Dean, Carlton M; Wheat Ridge; Golden
Dean, Joel M; Grand Junction
Dean, Val C; Englewood
Deaver, David C III; Durango
DeBiose, David A; Denver
deCampo, Rosina E; Denver; Littleton
deCampo, Teruel; Denver; Littleton
Decker, John T; Fort Collins
Dedo, William R; Denver
DeFalco, Alfred J; Wheat Ridge
Degener, David F; Grand Junction
Delaney, James J Jr; Aurora; Denver
Delaney, Jane; Colorado Springs
Delauro, John E; Aurora; Denver
Demarco, Frank J Jr; Wheat Ridge
Demong, Charles V; Denver
Demos, George T; Aurora
Dempsey, Edward C; Denver
Demshki, Andrew E Jr; Pueblo
Denegri, Alberto; Fort Lupton; Denver
Dennington, Michael L; Aurora; Denver
Dennis, Douglas A; Denver
Dennis, Mark A; Denver
Denst, John; Denver
Derk, Thomas; Greeley
Derkash, Robert S; Glenwood Springs
Dernovsek, Kenneth D; Pueblo
Dernovsek, Kim K; Pueblo
Deroos, James J; Denver
Derry, Donald G; Colorado Springs
DeTar, George F; Colorado Springs
Deterding, Karl T; Durango
Detwiler, Floy E; Greeley; Moorefield WV
Deverell, William F; Colorado Springs

Dewell, Larry M; Colorado Springs
DeYoung, M T; Fort Collins; Livermore
DeYoung, Roland W; Glenwood Springs
DiAsio, Richard A; Colorado Springs
DiBella, Nicholas J; Aurora; Parker
Dick, Milton L; Greeley
Dickey, Gary D; Denver; Littleton
Dickey, William C; Denver; Morrison
Dickinson, Theodore C; Montrose
Dickson, Ann T; Denver
Dickson, Robert P; Pueblo
Dieringer, Thomas M; Fort Collins
Dietel, David H; Grand Junction
Diffee, Joe T; Colorado Springs; Woodland Park
Dillon, Jack T; Colorado Springs
Dillon, Robert F; Colorado Springs
Dillon, T James; Denver
Dilorenzo, Pasquale A; Wheat Ridge; Arvada
Dilts, Stephen L; Denver; Lakewood
Dimaria, Vincent A; Littleton
DiNapoli, Jim; Colorado Springs
Dinenberg, Stephen; Lakewood
Dirks, David W; Grand Junction
Dishler, Jon G; Englewood
Dix, Corinne R; Denver
Dixon, Robert J; Denver; Fort Collins
Dlugos, Thomas P; Colorado Springs
Dobbs, Aubrey R; Denver
Dobrow, Malcolm S; Aurora; Englewood
Doig, David J; Lakewood
Doig, William L; Lakewood
Dolby, Karen A; Monte Vista
Domaleski, Robert P; Wheat Ridge
Domurat, Michael F; Denver; Morrison
Donahue, Lawrence P; Colorado Springs
Donaldson, David H; Lakewood; Golden
Doner, H Calvin; Littleton
Doneskey, Paul W; Cortez
Donnelley, Beverly E; Fort Collins
Donnelly, John H; Boulder
Donovan, Edward J; Denver
Dooher, Gerald R; Vail
Doran, John H; Fruita
Dorr, Lugene A; Lakewood; Littleton
Doster, Mildred E; Denver
Doucette, John W; Denver
Dougan, Robert P; Colorado Springs
Dougherty, Marilyn A; Boulder
Douglas, Jan J; Denver
Douglas, Kenneth R; Wheat Ridge; Arvada
Dovgan, Samo J; Cortez
Dowding, Charles H Jr; Aurora
Dowis, Gaylord M; Sterling
Downing, Terry A; Denver
Downs, David A; Denver
Doxsee, George C; Greeley
Doyle, Herman E; Denver
Drabing, John H; Colorado Springs
Dracon, Dan; Lakewood
Dragul, Paul H; Denver; Englewood
Drake, Frank R Sr; Denver
Drake, Robert L; Pueblo
Drake, Thomas R; Denver
Dreher, William H; Grand Junction
Dreisbach, James N; Englewood
Driver, Thomas F; Lakewood
Drohan, Paul S; Lakewood
Drury, Lawrence R; Denver; Evergreen
Dubach, Kenneth F; Boulder
Dubelman, Alan D; Thornton; Denver
Dubin, Frank I; Denver
DuBois, David D; Colorado Springs
Duckett, Lisa L; Denver; Littleton
Dudley, James R; Steamboat Springs
Dudzinski, Paul J; Fort Collins
Duerksen, Edward C; Englewood; Denver
Duffey, Daniel J; Grand Junction
Duhon, Samuel C Sr; Fort Collins; Boulder
Duke, William F; Grand Junction
Duman, Louis J; Denver
Duman, Sidney; Denver
Dumler, Larry J; Boulder
Dumm, James B; Denver
Dunaway, Marvin R; Boulder
Duncan, Diane; Lubbock TX; Fort Collins
Duncan, Kenneth H; Fort Collins
Duncan, Lester S; Grand Junction
Dunkin, Don E; Thornton; Brighton
Dunlop, Gentry R Jr; Aurora
Dunn, James M; Englewood; Littleton
Dunn, James R; Grand Junction
Dunn, Thomas R; Greeley
Dupper, Harold H; Fort Collins
Durand, Charles G III; Greeley
Durand, Linda L S; Greeley
Duster, Mark C; Colorado Springs
Duvall, John A; Denver
Dye, Charley W; Colorado Springs
Dysart, Richard A; Delta

E

Eakins, Roger F; Denver
Earley, William C; Denver; Parker
Eastman, Robert L; Denver
Eaton, Wyley E; Golden
Echternacht, Fred J; Littleton
Eck, Frederick J Jr; Vail
Eckhoff, Donald G; Denver
Eckhout, Gifford V; Denver
Ecoff, Arthur; Denver
Eddy, Richard L; Boulder
Edgerton, J Craig; Durango
Edmundson, Arlo R; Morrison
Edwards, James E; Colorado Springs
Edwards, John A; Denver; Englewood
Edwards, John E; Denver
Edwards, Robert A; Loveland
Edwards, Stanley O; Greeley
Ehlers, Gordon H; Denver; Englewood
Ehrichs, Edward L Jr; Aurora
Eichelman, Jutta M; Evergreen
Eicher, Danny J; Denver
Eickhoff, Theodore C; Denver; Littleton
Eidsvoog, Carol A; Aurora
Eifert, Earl D; Pueblo
Eilert, Robert E; Denver; Littleton
Eisele, C Wesley; Englewood
Eiseman, Ben; Denver; Englewood
Eisenbaum, Allan M; Aurora
Eisenbaum, Sidney L; Aurora; Englewood
Eldridge, Joan E; Aurora
Eller, Jimmie L; Aurora
Elles, Mark E; Denver; Aurora
Ellias, Andrew R; Colorado Springs
Elliff, John E; Sterling
Elliott, Donald P; Denver
Elliott, Jeffrey L; Denver
Elliott, Max A; Fort Collins
Elliott, Robert J; Grand Junction
Ellis, James H Jr; Denver; Englewood
Ellis, Richard E; Denver; Englewood
Ellis, Robert H; Fort Collins
Ellis, Ronald D; Denver
Ellison, Patricia H; Denver
Ellsworth, Rita A; Lamar
Elo, Denis R; Loveland
Elsey, Edward C Jr; Lakewood
Elwonger, David M; Colorado Springs
Ely, Janet L; Colorado Springs
Elzi, Ernest P; Denver
Elzi, Richard L; Denver; Golden
Emeis, William E; Colorado Springs
Emmanuel, Samuel; Englewood
Emmons, Lawrence L; Denver; Aurora
Engel, Stephen; Denver
Engel, Tibor; Denver
England, Jack D; Aurora; Sedalia
Englert, Thomas L; Loveland
English, Gerald M; Englewood; Denver
Englund, Garth W; Fort Collins
Erben, Ivo; Denver; Arvada
Erfling, William F; Boulder
Erickson, Larry R; Lakewood; Golden
Ernster, Joel A; Colorado Springs
Ervin, Don L; Denver; Evergreen
Espey, Richard A; Denver
Espey, William M; Denver
Essig, Julia A; Broomfield
Etzenhouser, Keith T; Golden
Eubanks, Stephen W; Denver
Eule, John Jr; Denver
Evans, Bruce G; Colorado Springs
Evans, Clayton A; Boulder
Evans, Richard O; Colorado Springs
Evans, William Thomas; Englewood; Littleton
Evenson, E Harold; Wheat Ridge; Golden
Evenson, Jeffery M; Aurora
Everett, Ralph E; Colorado Springs
Everhart, Floyd R; Aurora
Ewing, Peter C; Boulder
Ewing, Wyman F; Pueblo
Ezell, William W; Fort Collins
Ezzard, John A; Englewood

F

Fabec, Sally L; Trinidad
Fagan, Michael C; Aurora
Fairbairn, Scott J; Highlands Ranch; Westminster
Falbo, Anthony; Aurora
Falliers, Constantine J; Denver; Englewood
Fangman, Michael P; Fort Collins
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Faricy, Patrick O; Colorado Springs
Farinholt, Jon W; Aurora; Englewood
Farrin, John C; Golden
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Fawcett, Ronald A; Grand Junction; Fruita
Fawell, Thomas W; Highlands Ranch
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Feinsinger, Greg; Glenwood Springs
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Reducing high blood cholesterol reduces the risk of heart disease. That's why we're telling Americans—through a national public service advertising campaign—to know their cholesterol number. Your patients may soon be asking you for their number and what it means.

And when they do, we can help. The National Cholesterol Education Program, administered by the National Heart, Lung, and Blood Institute, has developed adult treatment guidelines to help you identify high-risk patients and use the appropriate diet and/or drug therapy for those with elevated cholesterol levels.

Help your patients reduce their risk of heart disease. For a free copy of the *Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults,* complete the form below.

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Mail to: Cholesterol Adult Treatment Guidelines
National Cholesterol Education Program
National Heart, Lung, and Blood Institute
C-200-GA
Bethesda, MD 20892

NATIONAL CHOLESTEROL EDUCATION PROGRAM
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Ferrell, Donald P; Trinidad
Ferrell, John T; Denver; Arvada
Ferris, William D; Boulder
Fickel, Helen F; Berthoud
Fieger, Henry G Jr; Denver
Field, Clifford; Leadville
Fieman, Richard A; Aurora
Fieman, Robert J; Denver
Fieman, Sidney H; Denver
Fillion, Robert J; Sterling
Findlay, William A; Grand Junction
Fineman, Bruce G; Denver
Fink, Anthony G; Greeley
Fink, Donald W; Denver; Englewood
Fink, Kyle M; Denver
Finkel, Richard S; Denver; Golden
Firth, Michael G; Alamosa
Fischer, Javier A; Denver
Fischer, John A; Northglenn; Thornton
Fisher, David P; Grand Junction
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Fisher, Thomas C; Fort Collins
Fishman, Paul J; Denver
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Fitzgerald, Thomas J; Pueblo
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Fixott, Richard S; Colorado Springs
Flanigan, Richard J; Denver
Flax, Leo J; Denver
Flaxer, Carl; Denver
Fleagle, John T; Boulder
Fleischaker, Gordon H Jr; Wheat Ridge; Lakewood
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Fletcher, Christopher S; Littleton
Fletcher, Gary H; Englewood
Fliegelman, Martin J; Denver; Englewood
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Flower, Thomas J; Greeley
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Foe, Richard B; Greeley
Foerster, Robert J; Colorado Springs
Foley, Thomas H; Denver; Englewood
Fonken, H A; Fort Collins
Fonken, Paul W; Greeley
Foote, Jenelle E; Denver
Ford, Jack; Colorado Springs
Ford, John J III; Westminster
Forman, Ernest E; Denver; Lakewood
Forstot, S Lance; Littleton; Denver
Foster, Michael A; Denver; Aurora
Foster, Robert J; Colorado Springs
Foster, Sydney; Orcas WA
Foti, Dominic Jr; Colorado Springs
Foulk, Arnold R Jr; Greeley
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Foust, Glenn T III; Denver
Fouts, Terry L; Pueblo
Fowler, Freeman D; Riverton WY
Fowler, James B; Pueblo
Fox, John E; Penrose
Fox, Robert H; Grand Junction
Fralick, E Howard; Denver
France, David W Jr; Walden
Frangos, Pete G; Denver
Frank, Lorenz S; Littleton
Frank, Michael S B; Denver
Frankenburger, Louise B; Denver
Franklin, D A; Broomfield
Franklin, David C S; Denver
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Fredericks, Charles E; Colorado Springs
Freed, Charles G; Denver
Freed, Charles R; Denver
Freed, John H; Denver
Freedman, Marshall A; Denver
Freedman, Philip E; Vail
Freedman, Walter L; Denver
Freedman, William W; Colorado Springs
Freeman, Ann E; Boulder
Freeman, John R; Aspen
Freeman, Joseph W; Springhill FL
Freeman, Leonard; Denver
Freistadt, Hans; Oroville CA
Freudenburg, James C; Longmont
Freund, B William; La Junta
Frey, Charles T; Cedaredge
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Frickman, Carl E; Loveland
Fried, Herbert I; Denver; Littleton
Friedland, Joseph D; Denver
Friedman, H Harold; Denver
Friedman, Jacob; Denver
Friedman, Joseph B; Thornton; Boulder
Friedman, Verner; Denver
Friermood, Tom G; Lakewood; Golden
Fries, Stephen M; Boulder
Fritz, Thomas J; Grand Junction
Frost, Anthony; Englewood
Frost, Harold M Jr; Pueblo
Fry, Thomas G; Wheat Ridge; Golden
Frye, Jearl F; Cortez; Delores
Fujisaki, Charles K; Denver
Fuller, William E; Denver
Fulton, Richard E; Grand Junction
Funk, Allen E; Denver; Aurora
Furlong, N Kenneth; Denver; Arvada
Furman, Joseph; Golden; Lakewood
Furry, Dean L; Durango
Fury, Dianna L; Grand Junction
Furze, James M; Durango

G

Gabelman, Omer P; Grand Junction; Kennewick WA
Gabow, Patricia A; Denver
Gaddis, Kenneth A; Glenwood Springs
Gaede, Gary L; Aurora
Gage, R Wayne; Colorado Springs
Gaherty, Patricia A; Denver
Gaide, Thomas K; Pueblo
Galansky, Stanley H; Denver
Gale, Scott A Jr; Fort Collins
Gallagher, John Q; Denver; Littleton
Galloway, Frederick M; Denver; Lakewood
Galloway, W Ben; Denver; Aurora
Gamache, Peter J; Florence
Gamble, William E; Denver; Littleton
Gamblin, Kenneth R; Colorado Springs
Gannuch, Garret M; Denver
Garcia, Elizabeth M; Antonito; Alamosa
Garcia, F A; Denver
Gardner, John W; Pueblo
Gardner, Joseph H; Evergreen
Gardner, Robert C; Colorado Springs
Gardner, Steven M; Grand Junction
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Gargan, Thomas J III; Denver; Englewood
Garland, Dave T; Denver; Lakewood
Garland, Gerard L; Denver
Garland, James W; Colorado Springs
Garlick, Ivor; Denver
Garmany, George P Jr; Boulder
Garner, Frank L; Denver
Garren, Lauretta F; Greeley
Garrett, Raymond E; Englewood
Garrett, William F Jr; Boulder; Denver
Garrow, George C; Aurora
Garry, Stephen H; Colorado Springs
Gartner, Charles H; Denver
Garza, Luis R; Thornton; Boulder
Gaughan, Lawrence J; Durango
Gay, Kent E; La Junta
Gay, Ralph E; Aurora
Gaynor, Laurence F; Englewood
Gazibara, Donald P; Colorado Springs
Geesaman, Richard E; Boulder
Gehret, Peter; Aurora; Englewood
Geier, J Michael; Englewood
Geis, Linda H; Denver
Geisterfer, Dirk J; Denver; Englewood
Gelfand, Daniel E; Denver
Gelinas, Michel P; Denver
Geller, I Benjamin; Denver
Gellrick, Caroline M; Lakewood
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Gembol, Robyn; Boulder; Westminster
Genrich, John H; Colorado Springs
Genskow, Gordon L; Sterling
Gentry, James H; Denver; Englewood
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Geppert, Margo J; Fort Collins
Gerber, Michael J; Wheat Ridge; Denver
Gerber, Milo P; Pueblo
Gerdes, Kendall A; Denver
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German, Charles; Englewood
Germer, Nancy J; Lakewood
Gerner, Robert E; Vail
Gerrard-Gough, Brodie; Colorado Springs
Gershten, Mitchell J; Denver
Gerstenberger, Patrick D; Durango
Ghaibeh, Ousama; Lamar
Gheen, Kenneth M; Colorado Springs
Giansiracusa, Richard F; Loveland
Gibbons, Ralph W; Aurora
Gibbons, Robert V; Denver
Gibbs, Charles P; Denver; Englewood
Gibson, J Bradley; Colorado Springs
Gibson, James D; Waikoloa HI; Indian Hills
Gibson, Matthew L Jr; Aurora
Gibson, Richard W; Boulder
Gieringer, Gary V; Colorado Springs
Giffin, James M; Delta
Giffin, Lewis A; Delta
Gifford, Marilyn J; Colorado Springs
Gigliotti, Lawrence G; Colorado Springs
Gildersleeve, Richard G; Boulder
Gildersleeve, Robert G; Cortez
Gill, John R; Wheat Ridge; Lakewood
Gillaspie, John D; Boulder
Gillesby, Robert J; Denver; Littleton
Gillespie, Elizabeth J; Fort Collins
Gilman, Harold E; Rancho Mirage CA
Gilman, James I; Denver
Gilman, Neal J; Grand Junction
Gilmer, T Scott; Aurora
Gilmore, Bruce T; Greeley
Giltner, James B; Denver
Gingery, Richard C; Montrose

Ginsburg, Freeman M; Aurora
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Ginsburg, Stanley H; Denver
Giorno, Ralph C; Denver
Gipson, Bernard F Jr; Denver
Gipson, Bernard F Sr; Denver
Gipson, William T Jr; Parker
Gist, Wallace W; Pueblo
Gjellum, George R; Golden
Glancy, Gerard L; Denver; Aurora
Glann, Alan S; Durango
Glasco, Donald G; Littleton
Glassburn, Alba R Jr; Denver
Glasser, Edward J; Littleton
Glasser, Richard H; Denver
Glassman, Kenneth P; Denver
Glassman, Michael H; Denver; Aurora
Glassman, Richard I; Aurora; Englewood
Glatz, Duane J; Englewood; Denver
Glismann, John P; Aspen
Glode, John E; Longmont; Hygiene
Go, Sumio; Colorado Springs
Goad, Lloyd H; Golden
Goddard, William B; Lakewood; Wheat Ridge
Godfrey, Clarke C II; Denver
Goff, John S; Denver
Goggans, Walter H; Denver
Goin, Donald W; Denver
Golbert, Thomas M; Lakewood; Denver
Gold, Larry A; Colorado Springs
Goldberg, Bertram; Englewood
Goldberg, Jan Paul; Aurora; Denver
Golditch, Monte E; Colorado Springs; Monument
Goldmuntz, Barry M; Colorado Springs; Manitou Springs
Goldstein, Charles; Denver
Goldstein, Joel H; Denver; Englewood
Goldstein, Stephen A; Englewood; Aurora
Goldstein, Warren D; Colorado Springs
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Golter, Lee B; Grand Junction
Golub, Burton P; Denver; Golden
Golub, Daniel E; Fort Collins
Golub, Roger Joel; Greeley
Gonzales, Eugene A; Monte Vista; Alamosa
Gonzales, James G; Denver
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Goodman, Reid A; Denver; Englewood
Goodman, Stephen B; Littleton
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Gordon, John D; Broomfield; Denver
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Gore, Robert B; Denver
Gorelik, Julia; Broomfield; Westminster
Gorshow, Stephen M; Denver
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Gottesfeld, Stuart A; Denver
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Gottlieb, Thomas B; Arvada
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Graham, William H; Aurora; Denver
Gramowski, Thomas W; Denver; Lakewood
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Granston, Laurence A; Fort Collins
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Grant, Paul J; Englewood; Parker
Grantham, J Geary; Boulder
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Graves, Cheryl K; Fort Collins
Gray, J Stephen; Aurora
Gray, Jan L; Lakewood; Golden
Grayson, David E; Brighton
Grazi, Sol Jay; Aurora
Green, Deborah; Fort Lupton
Green, Scott M; Littleton; Morrison
Green, Thomas F Jr; Denver
Greenberg, David C; Denver
Greenberg, David I; Colorado Springs
Greenberg, Jerry H; Aurora
Greenberg, Roger; Denver
Greenhalgh, Charles R; Denver
Greenheck, Robert R; Denver; Aurora
Greenholz, Daniel J; Aurora; Denver
Greenlee, Lynn F; Canon City
Greenlee, Max R Sr; Boulder
Greensher, Arnold; Colorado Springs
Greenwides, Robert D; Colorado Springs
Greenwall, Lowell J; Denver
Greer, Joseph C; Denver
Gregory, Douglas P; Colorado Springs
Gregory, James J; Northglenn
Greiner, David J; Colorado Springs
Greisman, Stewart L; Englewood; Littleton
Grenoble, David C; Durango
Grey, Leslie; Denver
Griebel, Gerald W; Cortez
Griest, Deborah J; Denver
Griffin, Dennis J; Englewood
Griffin, John G; Denver
Griffith, Dillard R; Colorado Springs
Griffith, John B; Englewood
Griffith, William F III; Aurora
Griffiths, Leonard L III; Denver
Groeger, Raymond J; Woodland Park
Grogan, John M; Denver; Englewood
Grosboll, Ashley N; Loveland
Grosboll, Edward E; Loveland
Grosboll, Robert N; Loveland
Gross, Karl F; Aurora; Denver
Grosshans, Charles L; Lakewood
Grossman, Daniel R; Pueblo
Grossman, Fred; Denver
Grossman, John A; Denver
Grossman, Richard A; Durango
Grossman, Terry A; Granby
Grover, Isabelle E; Lakewood
Groves, Fred B; Greeley
Grow, John B Jr; Denver
Grow, John B Sr; Denver
Gruber, James E; Denver; Englewood
Grund, Walter J; Littleton
Guard, Harold L; Denver
Guber, Myles S; Denver
Guerra, Frank; Denver
Guilfoyle, Edward J; Denver
Guillory, Gerard L; Aurora
Gulinson, Jordan E; Denver
Gunstream, Stanley R; Fort Collins
Gurley, William D; Denver
Gussman, Debra; Denver
Guthrie, Michael B; Colorado Springs
Guy, Reginald; Montrose
Guyon, Jeffrey J; Denver; Littleton

H

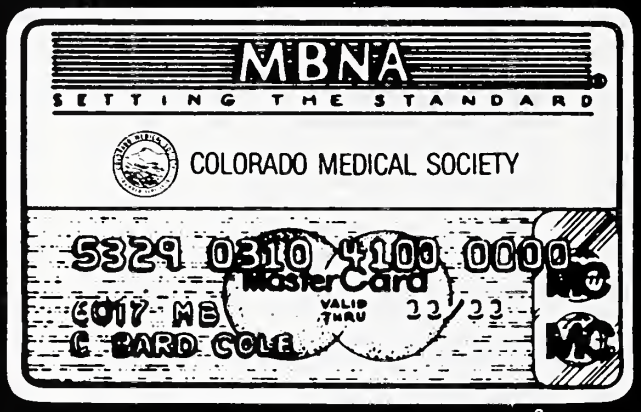
Haas, John M; Aurora; Englewood
Haase, Gerald M; Denver; Littleton
Hackett, Robert D; Grand Junction
Hackney, Terry L; Louisville; Boulder
Hadley, John C; Eads
Hahn, Gary W; Wheat Ridge
Hahn, Robert W; Colorado Springs
Hailey, Mark A; Loveland
Haimes, Mark D; Boulder
Hajek, Michael R; Greeley
Haley, James S; Longmont
Haley, Patrick D; Denver
Halfen, David P; Denver; Golden
Halfmann, Lee R; Aurora; Denver
Halgrimson, Charles G; Denver
Halgrimson, Michael J; Lakewood
Hall, Alan H; Denver; Evergreen
Hall, J Michael; Colorado Springs
Hall, Michael L; Denver
Hall, Oliver E K; Grand Junction
Hall, Robert F; Grand Junction
Halley, Norman B; Westminster
Halley, Tullius W; Durango
Halouska, Don L; Denver
Halperin, Lisa F; Denver; Boulder
Halprin, Arthur H; Pueblo; Beulah
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Ham, Gordon C; Englewood; Denver
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Hamilton, Robert S; Colorado Springs; Wetmore
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Hammer, Raymond W; Litchfield Pk AZ
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Hammond, Richard O; Fort Collins
Hamstra, Gerald A; Colorado Springs
Han, John S; Greeley
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Hanley, Richard G; Montrose
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Harris, Lowell N; Wheat Ridge; Lakewood
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Harrison, Judith A; Durango
Harrison, Kenneth D; Colorado Springs
Harrison, Martin R; Golden
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Heiss, Robert E; Denver; Littleton
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Heller, Arthur P; Englewood
Heller, Eugene; Denver
Heller, Henry M; Durango
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Hendee, Robert W Jr; Denver
Hendee, William R; Chicago IL
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Henderson, Kenneth R; Denver; Broomfield
Henderson, Stephen R; Longmont
Henry, Raymond W; Denver
Henson, Stanley W Jr; Fort Collins
Hepner, Harold J; Denver; Englewood
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Hermann, Gilbert; Denver
Hern, Warren M; Boulder
Hernandez, Jacinto A; Denver; Englewood
Herndon, Cynthia G; Denver
Herr, David S; Grand Junction
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Herrington, Richard A; Carbondale
Herriott, Michael; Colorado Springs
Hersch, L Brian; Boulder
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Hesse, Eugene J; Lasalle; Greeley
Heuscher, Enno F; Grand Junction
Hewitt, Glenn O; Greeley
Heyl, Robert A; Cortez; Mancos
Hibbard, H David; Louisville; Boulder
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Hicks, Bernard L; Pueblo
Hicks, M John; Denver; Westminster
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Higgins, Andrew G; Denver; Wheat Ridge
Higgins, Kerry T; Denver; Lakewood
Higgins, Thomas; Boulder
Hilberman, Mark; Boulder
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Hileman, Lyle S; Denver
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Hillman, John D; Colorado Springs
Hillmer, Barry; Durango
Hilty, Daniel E; Wheat Ridge; Arvada
Hilty, Lydia B; Wheat Ridge
Hilty, Raymond W Jr; Boulder
Hiner, John M; Brighton
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Hinton, Julie A; Denver
Hiratzka, Paul S; Greeley
Hirose, Hideo; Wheat Ridge; Golden
Hitchcock, Michael H; Englewood
Hites, James D; Fort Collins
Hix, Ivan E Jr; Wheat Ridge; Golden
Hixon, Walter S; Littleton
Hlavaty, Vaclav; Thornton; Denver
Hobbs, Jan D; Montrose
Hoch, Peter C; Denver
Hodges, Kathleen A; Denver
Hodges, W Jeff; Denver; Golden
Hoffenberg, Stephen R; Denver
Hofflin, Jesse M; Colorado Springs
Hoffman, James F; Fort Collins
Hoffman, James F Jr; Fort Collins
Hoffman, Murray S; Denver
Hoffman, Richard E; Denver; Golden
Hoffmann, Mark F; Denver
Hofmann, Rudolf A; La Junta
Hofsess, Donald W; Denver
Hogan, James L; Westminster; Longmont
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Hogle, Gregory A; Denver
Hohengarten, John H; Colorado Springs
Hohm, Richard A; Fort Collins
Hoisington, William D; Paonia
Hoke, Timothy E; Colorado Springs
Holbrook, Bryan G; Denver; Aurora
Hollar, Gregory F; Craig
Holley, Paul S; Wheat Ridge
Hollister, Elbert E; Lakewood; Evergreen
Holm, William A; La Junta
Holman, Andrew J; Denver
Holman, Joan D; Denver
Holmes, Joshua J; Grand Junction
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Holt, Charles J; Aurora; Englewood
Holt, G Waltermann; Bow Mar
Holt, Peter B; Longmont
Holt, Steve A III; Denver; Lakewood
Holtgrewe, Jeffrey L; Denver
Homburg, Robert C; Fort Collins
Honea, Bertrand N III; Laramie WY
Hooper, Gerald H; Denver; Arvada
Hopeman, Alan R; Denver
Hopf, Timothy R; Denver
Hopkins, William G; Pueblo
Hoppe, Wayne E; Burlington
Hopple, Lynwood M; Montrose
Hornbaker, Charles L; Colorado Springs
Horne, Daniel W III; Denver
Horner, Robert L; Denver; Englewood
Horsky, Brooke; Denver
Horstman, James K; Fort Collins
Horvath, Joseph S; Aurora; Englewood
Hostettler, David P; Glenwood Springs
Houghan, Charles R; Fort Morgan
Houlton, William G; Denver
Hovland, Kenneth R; Denver
Howard, Earle T; Loveland
Howard, K Mason Jr; Englewood; Littleton
Howard, William L; Brighton; Boulder
Howe, Gerald E; Cortez
Howell, Kathryn T; Denver
Howlett, Roger G; Arvada
Hoyer, J Scott; Aurora
Hoyer, Louis R Jr; Pueblo
Hoyle, Clifford L; Pueblo
Hoyle, Thomas C III; Colorado Springs
Hrdlicka, Jan; Arvada
Hsu, Shih Fong; Englewood
Huber, James A; Denver; Englewood
Hudson, John L; Boulder
Huffman, David H; Colorado Springs
Huffman, Thomas A; Denver; Longmont
Huffmire, Andre J; Craig
Huggins, Gerald A; Denver
Hughes, Clarence O Jr; Englewood
Hughes, John S; Englewood; Littleton
Hughes, Robert H; Aurora
Hulet, Brett L; Pueblo
Humm, John J; Aurora
Humphrey, Fred A; Fort Collins
Humphrey, Robert N; Fort Collins
Humphreys, John A; Denver; Englewood
Humphries, Jesse H; Denver
Humphries, Patricia B; Greeley
Humphries, William C Jr; Greeley
Hund, Frederick W; Glenwood Springs; Carbondale
Hunter, Brett P; Greeley
Hunter, Carol A; Fort Lyon
Hunter, Robert D; Englewood
Hurley, Grant W; Pueblo
Hurley, Thomas J; Colorado Springs
Hursh, Roger; Brighton; Denver
Hurst, Allan; Santa Fe NM
Hurst, John G; Greeley
Huskey, Harlan B; Fruita; Grand Junction
Husted, Joel R; Boulder
Huston, Jeffrey D; Denver; Littleton
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MBNA® is a federally registered Service mark of Maryland Bank, N.A., a subsidiary of MNC Financial, Inc.

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YES! I wish to apply for the Colorado Medical Society Gold MasterCard® account with credit lines up to $15,000, and all other benefits described in this advertisement. I understand if I do not qualify for the Gold MasterCard, this request constitutes my application for the Silver MasterCard.† (Note: This is not an application for a corporate account.)
Please Print

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE ( ) _____ BUS. PHONE ( ) _____

ARE YOU: ☐ Renting ☐ Own ☐ Buying Monthly Payment $ _____

SOCIAL SECURITY # _____

DATE OF BIRTH _____

EMPLOYER/NAME OF BUSINESS _____

POSITION _____ YEARS THERE ____

ANNUAL SALARY $ _____ OTHER INCOME* $ _____ SOURCE _____

*(Alimony, child support, or separate maintenance income need not be revealed if you do not wish it considered as a basis of repayment.)

MOTHER'S MAIDEN NAME _____
(For use when you request special action taken on your account)

CURRENT CREDIT CARD ACCOUNTS

My MasterCard®/VISA® Account # is _____

My American Express® Account # is _____

Previous address (Please complete if at current address less than 3 years.)

_____

CITY _____ STATE _____ ZIP _____

PREVIOUS EMPLOYER (if less than 3 yrs.) _____ YEARS THERE ____

I have read this entire application, agree to its terms, and certify the information is correct.

(Seal)

APPLICANT SIGNATURE Date

If you wish an additional card issued to a co-applicant over 18 years of age, complete the information below.

CO-APPLICANT NAME _____

RELATIONSHIP _____ SOCIAL SECURITY # _____

EMPLOYER _____ YEARS THERE ____

POSITION _____ ANNUAL SALARY $ _____

OTHER INCOME $ _____ WORK PHONE ( ) _____

* (Alimony, child support, or separate maintenance income need not be revealed if you do not wish it considered as a basis of repayment.)

I have read this entire application and agree to its terms, and understand that I will be jointly and severally liable for all charges on the account.

(Seal)

CO-APPLICANT SIGNATURE Date

I (we) authorize MBNA® to investigate any facts, or obtain and exchange reports regarding this application or resulting account with credit reporting agencies and others. Upon request I (we) will be informed of each agency's name and address.

†The ANNUAL PERCENTAGE RATE IS 15.9% for that portion of the average daily balance (subject to FINANCE CHARGES) up to $3,500 and is 14.9% for that portion of the average daily balance (subject to FINANCE CHARGES) greater than $3,500. The ANNUAL FEE for the Gold MasterCard is $30. The ANNUAL FEE for the Silver MasterCard is $18. GRACE PERIOD: You will not be assessed a FINANCE CHARGE on purchases if you pay the New Balance Total each month by the Payment Due Date (25 days after the closing date). If this amount is not paid, FINANCE CHARGES accrue from the date of transaction. Cash Advances bear FINANCE CHARGES from the date of transaction. OTHER CHARGES: You will be charged an overlimit fee of $15 if your New Balance Total on your billing date is more than 15% over your credit limit. You will be charged a late fee of $15 if you fail to make required payment within 15 days after the Payment Due Date. You will be charged a return check fee of $15 if a check submitted as payment is returned for any reason. This offer is not available in Delaware.

BGKR 01-173 04-517

Hutchison, David E; Denver
Hutto, John M; Wheat Ridge; Lakewood
Hutton, Connie C; Colorado Springs
Huun, Mark A; Denver
Hyde, Edwin G; Englewood

I

Illige-Saucier, Martha; Denver
Ilvonen, Roger Paul; Denver
Imber, Richard J; Denver
Imig, John R; Boulder
Ingalls, Judith; Telluride
Ingram, William L; Colorado Springs
Inkret, William Jr; Denver
Ippen, Gregory A; Denver
Iriye, Craig A; Denver
Irvin, Lewis A; Grand Junction
Irwin, Everett; Fort Mohave AZ
Isgreen, John W; Montrose
Iskander, Laurice; Aurora; Littleton
Iwakiri, John; Arvada
Iwata, Samuel H; Colorado Springs

J

Jabour, Christy; Arvada
Jackson, Ham; Fort Morgan
Jackson, William E; Denver
Jacobs, Alexander; Denver
Jacobs, Herbert L; Denver
Jacobs, Madeleine; Penrose
Jacobs, Valerie A; Arvada
Jacobsen, Merl M; Littleton
Jacobson, Eugene D; Denver
Jacobson, Jacob G; Boulder
Jacques, Thomas F; Denver
Jalota, Renu; Aurora; Denver
James, Albert E; Denver
James, Brien P; Englewood
James, David R; Craig
James, Lynn A; Grand Junction
James, Penelope C; Denver
James, Warren K; Fort Collins
Jamison, Jacqueline H; Denver
Jamroz, Brandt A; Denver
Janes, Peter C; Vail; Avon
Janik, Joseph S; Denver; Englewood
Janowski, Robert R; Denver
Janson, Richard A; Grand Junction
Jantz, Richard D; Denver
Jaouen, Richard M; Greeley
Jardine, Robert L; Denver
Jared, Roy A II; Denver
Jarrett, Michael B; Pueblo
Jeffers, Thomas M; Arvada; Golden
Jeffrey, Ransy L; Fort Collins
Jekot, Chester B; Wheat Ridge
Jendry, Ronald J; Evergreen; Conifer
Jenkins, Raeburn M; Lakewood; Evergreen
Jennings, R Lee; Denver; Englewood
Jensen, Laurence G; Pueblo
Jensen, Susan R; Colorado Springs
Jepson, Christian N; Colorado Springs
Jernigan, Randal F; Durango
Jimenez, Guilebaldo E; Trinidad
Jimenez, Joseph P; Trinidad
Jinich, Daniel B; Fort Collins
Jobe, William E; Englewood; Denver
Jobe, William L; Denver; Littleton
Jobin, Michael J; Loveland; Denver
Johnson, Bennie S; Colorado Springs
Johnson, Bernarr B; Carbondale
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Johnson, Kent E; Denver; Englewood
Johnson, Marvin E; Carmichael CA
Johnson, Melvin A; Denver
Johnson, R Reed; Denver; Littleton
Johnson, Richard W; Fort Collins
Johnson, Robert V; Fort Collins
Johnson, Robert W; Aurora
Johnson, Robin E; Denver
Johnson, Roger F; Denver
Johnson, Roger M; Greeley
Johnson, Scott S; Brighton
Johnson, Stephen D; Denver; Golden
Johnson, Stephen M; Durango
Johnson, Steven M; Pueblo
Johnson, Thomas G; Fountain
Johnson, Vaughn A; Durango
Johnson, William M; Boulder
Johnston, J Harvey; Green Valley AZ
Johnston, Robert P; Aurora
Johs, Stephen M; Boulder
Jones, Arthur F; Wheat Ridge; Lakewood
Jones, Charles G; Boulder
Jones, David W; Boulder
Jones, Everette G; Denver; Golden
Jones, George D; Denver; Lakewood
Jones, Harry D; Longmont
Jones, Paul B; Grand Junction
Jones, Rodney H; Lakewood
Jones, Roy W; Denver; Englewood
Jones, William A; Fort Collins
Jorgensen, Roger L; Longmont
Joseph, Norman; Aurora
Judson, James N; Alamosa
Juric, Gordon; Denver
Justin, Ingrid M; Fort Collins
Justin, Renate G; Fort Collins

K

Kading, Steven O; Greeley
Kadler, Karen M; Denver; Golden
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Kahn, Kenneth A; Boulder
Kahn, Robert J; Greeley
Kail, Thomas J; Denver
Kailasam, Velusamy; Greeley
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Kamau, Pius K; Aurora
Kandel, Elisabeth E; Broomfield
Kandel, George E; Denver; Littleton
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Kane, Gregory A; Denver; Littleton
Kanger, William J Jr; Lakewood
Kaniuk, Marlene F; Boulder
Kano, Jane S; Denver
Kanowitz, Arthur; Denver; Englewood
Kantor, Robert S; Denver
Kaplan, Herbert; Denver
Kaplan, Max; Denver
Kaplan, Morris; San Diego CA
Karakusis, Peter H; Denver; Highlands Ranch
Karasek, Dagmar; Denver; Englewood
Karasek, Jan; Denver
Karel, James L; Denver; Wheat Ridge
Kareus, Leslie G; Grand Junction
Karlin, Joel M; Lakewood; Denver
Karsh, Lawrence I; Denver
Kasenberg, Thomas P; Loveland
Kashuk, Jeffry L; Thornton
Kassan, Stuart S; Wheat Ridge; Denver
Katchian, Azad; Wheat Ridge
Katz, Seymour; Englewood
Kaufman, Joel M; Aurora; Littleton
Kauvar, Abraham J; Denver
Kauvar, Kenneth B; Denver
Kayser, Harold L; Littleton
Kearns, Donald H; Denver
Kearns, Roy E; Grand Junction
Keats, William K; Denver
Keefe, Jerome L; Cheyenne Wells
Keeler, F Brent; Aurora
Keely, Marjorie L; Grand Junction
Keener, Carl L; Denver
Keener, William H; Denver
Kehmeier, Dean F; Durango
Kelble, David L; Denver; Evergreen
Keller-Klein, Karen A; Boulder
Kelley, Ralph L; Pueblo
Kelley, Severance B; Longmont
Kelley, William A; Grand Junction
Kellum, Donald L; Boulder
Kelly, Barbara Fawcett; Lakewood; Denver
Kelly, Glenn L; Englewood
Kelly, James P; Denver
Kelly, Robert R; Alamosa
Kelsall, Charles H; Englewood
Kem, M Richard; Denver; Englewood
Kemme, Richard J; Greeley
Kempers, Glenn R; Grand Junction
Kendall, Ralph T; Colorado Springs
Kendall, Wayne F Jr; Colorado Springs; Monument
Kennedy, James R; Colorado Springs
Kennedy, L James Jr; Denver
Kennedy, Louis J; Colorado Springs
Kennedy, Thomas J; Englewood
Kennedy, Timothy C; Denver
Kennison, Herbert B Jr; Denver
Kennison, Warren S; Denver; Golden
Kent, Emma M; Lakewood
Kent, Robert H; Colorado Springs
Kerr, Richard K; Mesa AZ
Kersey, Dudley H; Colorado Springs
Kesler, Kelvin F; Fort Collins
Kessel, David; Arvada
Kesselman, Stephen E; Aurora
Kessler, Charles J; Thornton; Westminster
Kettering, Lisa S; Littleton
Kevan, Samuel J; Delta; Austin
Khan, Iqbal S; Pueblo
Khosla, Rakesh K; Pueblo
Kidder, Lewis A; Mesa AZ
Kief, Jan M; Arvada
Kieft, Larry D; Fort Collins
Kiernan, R Martin; Denver; Monument
Kilpatrick, David M; Sterling
Kimball, N Curtis; Sterling
King, Michael L; Pueblo
King, Otis J Jr; Castle Rock
King, Robert A; Littleton; Denver
King, Talmadge E Jr; Denver; Aurora
Kingston, Richard A; Grand Junction
Kinzer, Edward J; Johnstown
Kinzie, Jeannie J; Denver; Evergreen
Kinzler, Dale L; Arvada
Kiovsky, Richard D; Aurora
Kipfer, Roger K; Louisville; Boulder
Kiracofe, H Louden; Durango
Kircher, Lorence T Jr; Colorado Springs
Kircher, Lorence T III; Colorado Springs

Kirchner, Robert L; Boulder
Kirk, Jude J; Pueblo
Kirkpatrick, Douglas H; Denver; Englewood
Kirkpatrick, Glen R; Buena Vista
Kirschman, Edward; Aurora; Englewood
Kirshenbaum, Gerald; Aurora; Englewood
Kiser, Rick E; Greeley
Kistler, Dale C; Denver
Kitlowski, Noel P; Aurora
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Klein, M G; Grand Junction
Klein, Mark F; Boulder
Klein, Melvyn H; Denver; Englewood
Klein, Russell C; Golden
Kleiner, John P; Colorado Springs
Klenk, Eugene L; Denver
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Klingensmith, William C; Denver; Englewood
Kluck, Clarence J; Englewood
Knapp, H G Robert; Boulder
Knaus, Gary D; Carbondale
Knaus, Kendal C; La Junta
Knight, Robert A; Arvada; Golden
Knize, David M; Englewood
Knockendoffel, Richard A; Grand Junction
Knopper, Morton P; Longmont; Boulder
Kobayashi, Thomas K; Denver
Koehn, Gerard G; Colorado Springs
Koelsch, Harmut W; Longmont
Koepke, Jerald W; Denver; Littleton
Kolberg, Bruce H; Denver; Englewood
Konigsberg, Robert A; Arvada; Littleton
Konopka, Derek J; Denver
Koons, Dexter D; Pueblo
Kopelman, J Joshua; Aurora
Kornberg, James P; Boulder
Kort, Haydee C; Pueblo
Kort, W Thomas; Lakewood; Littleton
Kortz, Allan B; Englewood; Denver
Kortz, Warren J; Englewood
Kosmicki, Patrick W; Denver; Englewood
Kovach, Drew A; Arvada
Kovachy, Robin J; Englewood; Aurora
Kovarik, Joseph L; Englewood
Kowal, Ira J; Englewood; Littleton
Kozloff, Stephen R; Greeley
Kraft, Elizabeth S; Littleton; Denver
Kragor, Hugh F; Westminster
Kramer, Ryan; Lakewood
Kramish, David; Denver
Kraus, G Thomas; Aurora
Krause, David C; Pueblo
Krause, Kenneth D; Aurora; Denver
Krauser, William J; Durango
Krauth, Lee E; Wheat Ridge; Evergreen
Krebs, Jeffrey J; Castle Rock
Krebs, Richard A; Wheat Ridge
Kreider, Larry W; Golden; Arvada
Krekorian, Edmund A; Denver; Aurora
Kreutzer, Erik W; Lakewood; Denver
Kreye, George M; Littleton
Krichbaum, Franklin M; Lakewood
Krichevsky, Paul; Lakewood; Golden
Krieger, Gary R; Golden; Boulder
Kroger, J Stephen; Longmont
Krueger, Albert R; Meeker
Kruglet, Donald G; Fort Morgan
Kruse, Robert L; Englewood
Kubitschek, William R; Mesa AZ
Kucera, John L; Colorado Springs
Kucinski, Chester S; Colorado Springs
Kuhlman, William K; Colorado Springs
Kuhn, Kathleen R; Aurora; Denver
Kuisle, Hans R; Boulder
Kukral, Albert J; Lakewood
Kulik, Janice E; Pueblo
Kulp, Robert L; Brush
Kuna, Gupta B; Pueblo
Kurica, Kenneth B; Colorado Springs
Kurland, Stanley K; Denver
Kurowski, J L (Jim); Denver
Kurtz, Michael L; Aurora; Denver
Kutalek, Kenneth J; Evergreen
Kuykendall, Fred D; Greeley

L

LaBaw, Wallace L; Denver
Labouisse, David W; Alamosa
Lackey, Charles W; Frisco
Lacy, George M; Denver; Englewood
Laforce, Richard F; Sterling
LaForce, William R; Sterling
Lagerborg, Vincent A; Denver
Lahey, Duane D; Denver
Lahey, Michael D; Brighton
Lain, Charles D; Colorado Springs
Laitos, Mark M; Longmont
Laman, Muryl L; Pueblo
Lamb, Richard C; Sterling
Lamb, Rodney L; Englewood
Lambert, John C; Montrose
Lammertse, Daniel P; Englewood
LaMotte, Gary A; Pueblo
Lampe, John A; Wheat Ridge; Denver
Lampe, John M; Denver
Landis, Henry; Lakewood; Denver
Landon, F Rodman; Colorado Springs
Lane, Richard A; Boulder
Langendoerfer, Sharon I; Denver
Langley, James W; Golden
Langstaff, Samuel H; Littleton
Lanier, Dennis M; Denver
Larimer, Craig W; Colorado Springs
Larkin, James M; Colorado Springs
Larkin, Thomas P; Denver; Englewood
Larremore, Theodore W; Denver; Wheat Ridge
Larson, Dennis G; Fort Collins
Larson, Wallace K; Colorado Springs
Lasater, Gene M; Denver; Englewood
Lattes, Robert; Denver
Laubach, Sherri J; Lakewood
Lauer, James W; Denver
Lavanway, James M; Colorado Springs
Lavengood, John S; Denver
Lavoo, John W; Colorado Springs
Lavrinets, David A; Longmont
Law, Dennis K; Wheat Ridge; Littleton
Law, Jay D; Englewood
Law, Ronald K; Denver; Englewood
Lawrence, Richard A; Pueblo
Lawrence, W Stewart; Denver
Lawshe, Barry; Colorado Springs
Lawton, Susan; Fort Collins
Layman, Richard J; Fort Collins
Lazarus, Jeremy A; Englewood
Leavitt, Timothy W; Wheat Ridge; Arvada
LeBlanc, Randy D; Meeker
Leder, Eric H; Denver; Englewood
Leder, Max M; Denver
Leder, Robert; Denver; Englewood
Lee, Michael J; Lamar
Lee, Robert K; Denver
Lee, Russell M; Colorado Springs
Lee, William H; Littleton
Lefkowits, Donald J; Denver
Leidholt, John D; Denver
Leight, Harold C; Denver
Leistikow, David C; Broomfield
Leitch, William H; Denver
Lembitz, Alan M; Greeley
Lembitz, Deanne D; Greeley
Lemon, John C; Aurora; Englewood
Lentini, Vincent C; Colorado Springs
Leo, Jan E; Denver
Leonard, Michael W; Denver; Evergreen
Leonardi, Leo J; Salida
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Lepoff, Ronald B; Denver
Leppla, Leslie A; Greeley
Lerch, Andrea M; Colorado Springs
Lesage, Charles H Jr; Wheat Ridge
Lesznik, George R; Aurora; Denver
Levenson, Ian R; Aurora; Englewood
Levine, Mark A; Englewood; Aurora
Levine, Samuel; Littleton
Levinson, Mark B; Aurora; Denver
Levisohn, Paul M; Denver
Levitt, Peter W; Denver
Levy, Irwin B; Denver
Lewis, Barton L; Colorado Springs
Lewis, David A; Denver
Lewis, Evan L; Denver
Lewis, Frederick A Jr; Englewood
Lewis, Jeanne D; Boulder
Lewis, Leonard A; Miami FL
Lewis, Paul K Jr; Boulder
Lewis, Philip L; Denver
Lewis, Roger R; Englewood
Lewis, Ted T; Colorado Springs
Ley, Eugene B; Canon City
Ley, James W; Haxtun
Licona, Virgilio; Pueblo
Liddle, Edward B Jr; Colorado Springs
Lienert, R Eugene; Denver; Englewood
Light, Mason M; Gunnison
Light, Ruth L; Pueblo; Colorado Springs
Lightburn, John L; Denver; Golden
Likes, Edwin C; Lamar
Lillehei, Kevin O; Denver
Lillis, Patrick J; Loveland
Lillydahl, William C; Boulder
Lim, Meng Lai; Greeley
Lince, Deborah M; Colorado Springs
Lindauer-Gosik, Judith A; Golden; Wheat Ridge
Lindberg, James P; Denver; Golden
Lindell, Kevin V; Fort Morgan
Lindeman, George M; Colorado Springs
Linden, Robert A; Alamosa
Lindenbaum, Barry L; Aurora; Englewood
Lindenbaum, Stephen D; Aurora; Englewood
Linder, Robert O; Aurora
Lindquist, Timothy C; Greeley
Lindquist, Valdemar A Y; Denver; Golden
Lingle, James R; Englewood
Lininger, Thomas R; Greeley
Link, David B; Littleton
Linn, David D; Conifer
Linnemeyer, Robert F; Grand Junction
Lipan, Edward M; Denver; Englewood
Lipkin, Alan F; Denver; Englewood
Lippman, Bruce D; Glenwood Springs
Lipscomb, William R; Tucson AZ
Lischwe, Thomas J; Broomfield; Boulder
Lissauer, Werner A; Denver

List, James E; Denver; Littleton
Little, Kenneth R; Colorado Springs
Litvak, John; Denver
Livingston, Wallace H; Denver
Ljunghag, Susan E; Englewood
Lloyd, Leo W; Durango
Lloyd, William E; Colorado Springs
Locketz, Harold D; Denver
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Loeffler, Anna T; Englewood
Loeffler, Richard T; Aurora; Littleton
Loeffler, Robert D; Denver
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Loeppke, Ronald R; Greeley
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Lopez, William Jr; Fort Collins
Lopez-Samayoa, Omar E; Julesburg
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Lord, Jonathan G; Greeley
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Losasso, Leonard J; Aurora; Englewood
Lotman, Alfred C; Denver
Lovejoy, Brent V; Denver
Lovell, Jeffrey H; Denver; Westminster
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Lower, Dennis L; Greeley
Lowry, Hope; Englewood
Loyd, Robert G; Wray
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Lubchenco, Michael A; Denver
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Luckasen, Gary J; Fort Collins
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Ludwin, Gary A; Fort Collins
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Lund, Cynthia J; Colorado Springs
Lundgren, John C; Julesburg
Luter, Patrick W; Durango
Luttenegger, Thomas J; Fort Collins
Luzietti, Richard G; Aurora; Littleton
Lynn, John T III; Colorado Springs

M

Macaluso, Frank A Jr; Denver
MacCarter, Daryl K; Denver
MacFarlan, Sherburne M; Boulder
Machanic, Bennett I; Denver
Mack, Marjorie A; Aurora
Mack, Robert P; Denver
Mackell, Paul E; Lafayette
Mackey, Jack L; Sterling
Mackey, Winona R; Pueblo; Colorado Springs
Maclean, James E; Grand Junction
MacLeod, William A J; Alamosa
MacMillan, Hugh A; Denver
Macomber, Douglas W; Denver
MacPhee, William M; Aurora; Denver
Macsalka, Mary A; Boulder
Macsalka, Robert E; Boulder
Madan, Veena; Denver
Madison, David S; Englewood
Madsen, Mark C; Grand Junction
Maercklein, Wallace W; Evergreen
Maestas, Gilbert B; Denver
Magee, Archie E; Grand Junction
Maggiore, John R; Glenwood Springs
Magill, Charles D; Englewood
Magraw, Bronwen J; Palisade
Magsamen, B F; Fort Collins
Mahony, Thomas H III; Colorado Springs
Mahony, Thomas H Jr; Denver
Mains, Charles W; Lakewood; Golden
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Major, James C; Greeley
Major, Joseph J; Denver; Englewood
Makowski, Anthony J III; Highlands Ranch
Malburg, Bernard J; Craig
Malito, Carl A; Denver
Maloney, J Michael III; Denver
Maloney, John D; Fort Collins
Malowney, Robert C; Englewood
Manalo, Antonio S; Springfield
Manart, Frank D; Denver
Mandel, Mickey J; Denver; Englewood
Manfre, Kenneth; Aurora; Denver
Mangione, Ellen J; Denver
Mangione, William J; Aurora; Denver
Mangum, William K; Greeley
Manguso, Robert L; Aurora
Manhart, Richard A; Montrose
Maniatis, William N; Aurora
Manke, William F; Denver; Englewood
Mann, James G; Denver
Marasco, Paul B; Grand Junction
Marbry, George W; Boulder
Marcelo, Teresita R; Denver
Marcotte, Dale D; Boulder
Maresh, Gerald S; Englewood
Markel, William R; Broomfield
Markewich, Gary S; Colorado Springs
Markey, Joseph W; Boulder
Markham, Allen M Jr; Denver
Markovchick, Vincent J; Denver; Golden
Marks, Galen D; Brighton; Erie
Markson, Jay A; Denver
Marritt, Emanuel; Englewood
Marsh, Randall C; Greeley
Marsh, Stuart G; Pueblo
Marta, John A; Colorado Springs
Martin, Christopher H; Sun City AZ
Martin, Cynthia L; Littleton
Martin, Eva; Fort Collins
Martin, Theodore E; Rocky Ford
Martin, Travis W; Vail
Martin, William M; Aurora
Martinez, Benjamin; Pueblo
Martz, David C; Colorado Springs
Maruca, Joseph; Grand Junction
Maruyama, Herbert H; Lakewood
Marx, Johann R; Denver
Mason, Ronal B; Glenwood Springs
Mason, Ulysses G III; Denver
Masoud, Abdul S; Cheyenne Wells
Massa, Emil J; Denver
Massey, Benjamin H; Pueblo
Mastro, Edward R; Pueblo
Matchett, Kenneth M Jr; Grand Junction
Mateskon, Charles A; Denver
Mathe, Richard A; Denver
Matheson, George W; Colorado Springs
Matthews, David S; Colorado Springs
Matthews, Frank D; Denver
Mauk, Joyce E; Denver
Maul, Herman S; Lakewood; Denver
Maul, Kester V; Denver
Maulitz, Robert M; Denver
Maurer, Lawrence E; Boulder
Maxwell, George S; Longmont
Maxwell, James C; Denver; Littleton
Maxwell, James H; Colorado Springs
May, Duane L; Greeley
May, Richard G; Denver
Mayeda, Douglas V; Colorado Springs
Mayeda, Thomas K; Littleton
Mayer, David M; Grand Junction
Mays, James M; Fort Collins
Maytum, Helen E; Denver
McBurney, James W; Pueblo; Sun City West AZ
McCafferty, Bonnie; Littleton
McCaffrey, Paul P; Pueblo
McCall, Janis R; Greeley
McCallister, Dianne E; Denver
McCallon, T Dwaine; Buena Vista
McCallum, Douglas G; Denver
McCanless, James W; Pueblo
McCarthy, Howard L; Englewood
McCarthy, Thomas T; Colorado Springs
McCartney, Robert D; Denver
McCarty, David W IV; Longmont
McCauley, John R; Longmont
McCaw, William W Jr; Denver
McClean, Charles K; Denver
McCleary, Edward L; Denver
McClellan, Charles W; Colorado Springs
McClellan, Michael D; Denver
McClintock, Homer G; Denver
McCloskey, Thomas T; Englewood
McClung, Harvey W; Pueblo
McClure, Scott H; Colorado Springs
McColl, Harry A Jr; Colorado Springs
McConnell, Peter J; Windsor
McCoy, James A; Colorado Springs
McCreedy, Gordon J; Wheat Ridge; Lakewood
McCreedy, Philip A; Wheat Ridge
McCreery, Richard A; Colorado Springs
McCrory, Charles B; Brighton
McCroskey, Brian L; Denver
McCulloch, Alexander T Jr; Colorado Springs
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McDaniel, David B; Grand Junction
McDaniel, Janice R; Grand Junction
McDivitt, Robert B; Greeley
McDonald, Clark E; Denver
McDonald, Keith M; Denver
McDonald, Roderick J Jr; Denver; Littleton
McDonnel, Gerald E; Fowler
McDonnell, Michaela W; Lakewood
McDonough, Gilbert L; Denver
McDowell, Marion E; Denver
McElfatrick, Robert A; Denver
McElhinney, James P; Denver
McElwee, Hugh P; Fort Collins
McFadden, Donna L; Grand Junction
McFarland, Douglas M; Trinidad
McFarland, Osmyn W; Boulder
McFee, John G; Denver
McGarry, Joseph T; Florence
McGeary, Thomas M; Denver
McGee, Hugh J Jr; Wheat Ridge; Golden

McGill, Joseph J; Denver
McGinnis, James G; Fort Collins
McGlone, Frank B; Denver; Littleton
McGowan, Robert A; Buena Vista
McGroarty, Saralee R; Longmont; Boulder
McGuire, Brian M; Denver; Lakewood
McHugh, Robert L; Alamosa
McIlroy, Richard H Sr; Pueblo
McInerney, John R Jr; Golden
McIntyre, Donald O; Lakewood
McKenna, Michael P; Longmont; Loveland
McKenna, Robert L; Denver
McKinney, Gary E; Canon City
McKinnon, Douglas A; Denver
McKinnon, George E; Pueblo
McKnight, James H Jr; Sterling
McLain, Phil C III; Estes Park
McLaughlin, John D; Aurora
McMahon, B Thomas; Denver
McMahon, Charles D; Colorado Springs
McMahon, Richard T; Denver
McMillan, Michael J; Highlands Ranch
McMillin, Kim I; Denver; Englewood
McMullan, Kathryn L; Brighton
McMullen, Craig T; Colorado Springs
McMullen, James W; Colorado Springs
McMullen, R Bard; Colorado Springs
McMurren, Jay W; Gunnison
McNally, Michael J; Colorado Springs
McQuaid, James L; Denver
McVicker, John H; Greeley
McWilliams, John E; Colorado Springs
Meacham, Stephen R; Grand Junction
Mead, Daina C; Fort Collins
Meagher, David P Jr; Denver; Golden
Meason, Thomas M Jr; Grand Junction
Mebane, David M; Montrose
Meeuwsen, James W; Pueblo
Mehler, Robert E; Boulder
Mehos, William G; Salida
Mehta, Pushpa S; Aurora; Englewood
Mehta, Sunder J; Denver; Englewood
Mehta, Uday K; Pueblo
Meinig, Richard P; Denver
Meister, Edward J; Denver
Melinkovich, Paul; Denver; Evergreen
Mellinger, William J; Fort Morgan
Melmed, M Herzl; Englewood
Meltzer, Gerald E; Denver; Englewood
Melzer, Robert B; Denver; Englewood
Mencini, Raymond A; Denver; Aurora
Menconi, Lawrence R; Westminster; Denver
Mendenhall, John C; Denver
Mendez, William H; Denver
Mendoza, Carlos A; Westminster
Menhusen, Monty J; Denver
Menter, Robert R; Englewood
Menzel, Mark L; Boulder
Mercer, Jeannette Y; Windsor
Merkel, Lawrence A; Fort Collins
Merkel, William D; Grand Junction
Merkert, George L Jr; Colorado Springs
Merrick, Thomas A; Denver
Merrill, Joseph G; Grand Junction
Merritt, Edward G; Dolores; Cortez
Messenbaugh, Robert L; Wheat Ridge; Denver
Messner, Duane G; Lakewood
Messner, Milo L; Colorado Springs
Mestas, T Robert; Denver; Englewood
Meyer, John E; Boulder
Meyer, Maryethel; Lakewood
Meyer, Ronald C; Wheat Ridge; Lakewood
Meyer, Ronald W; Gunnison
Meyers, Barry E; Denver
Meyers, J Kim; Gunnison
Meza, Felix; Denver
Michael, Joyce E; Colorado Springs
Michailov, Dimiter V; Pueblo
Michalek, Michael; Denver
Michelson, Abraham K; Aurora; Englewood
Mijer, Frits; Denver
Mikles, Devin A; Aurora; Denver
Miklin, Jerry S; Wheat Ridge
Milano, William J; Loveland
Miles, Norman A; Boulder
Miles, Wilfred W; Aurora
Miller, Alvin P; Denver
Miller, Burdette L; Estes Park
Miller, Charles H; Lakewood
Miller, David C; Lakewood; Wheat Ridge
Miller, Denise M; Longmont
Miller, E Eugene; Colorado Springs
Miller, Edward S; Denver
Miller, Eugenia M; Aurora
Miller, Floyd J; Colorado Springs
Miller, Gerald M; Denver
Miller, J Brian; Colorado Springs
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Miller, John L; Canon City
Miller, Katherine M; Canon City
Miller, Meredith H; Englewood; Littleton
Miller, Paul D; Lakewood; Wheat Ridge
Miller, Roger W; Pueblo
Miller, Ted W; Pueblo
Miller, Terry D; Wheat Ridge; Arvada
Miller, Thomas E; Grand Junction
Miller, Wayne A; Denver; Evergreen
Miller, William B; Lakewood
Milligan, Gatewood C; Englewood
Mills, John W; Greeley
Mills, Scott D; Denver
Milzer, Gary S; Aurora; Englewood
Mink, Barry D; Aspen
Minton, Douglas G; Wheat Ridge
Minton, Joseph W; Pueblo
Minzer, Eugene R; Denver
Mishell, Jeffrey L; Denver
Mitchel, Duane H; Denver
Mitchell, Orderia F; Colorado Springs
Mitchell, Roger S; Denver
Modlin, Richard A; Colorado Springs
Moehring, Roswitha; Denver
Moffatt, Thomas W Jr; Littleton; Lakewood
Moffett, P Michael; Longmont
Mogab, John C; Greeley
Mohler, Philip J; Grand Junction
Mohr, Gary Alan; Canon City
Moison, Susan A; Denver
Moldauer, Leslie; Denver
Molk, Barry L; Aurora
Molk, Kevin J; Littleton
Molk, Leizer; Denver
Momii, Dick D; Denver
Monahan, E P Jr; Craig
Moncy, Ellen L; Wheat Ridge; Evergreen
Monheit, Peter I; Denver; Englewood
Monsour, James W; Denver
Montana, Margaret A; Denver
Montbriand, Joel R; Boulder
Montgomery, Eva; Lakewood; Littleton
Montrey, Jill S; Englewood; Denver
Moo-Young, George A; Denver
Moon, Arlie L; Yucaipa CA
Moon, William A Jr; Denver
Mooney, Herbert S Jr; Longmont
Moore, Cyril S C; Denver
Moore, Donald B; Boulder
Moore, Ernest E Jr; Denver
Moore, Frederick A; Denver
Moore, Gene H; Colorado Springs
Moore, George E; Denver; Conifer
Moore, John B; Lakewood
Moore, John T; Aurora; Highlands Ranch
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Moore, Lucy; Denver
Moore, Michael L; Denver; Englewood
Moore, Patrick T; Denver; Englewood
Moore, Randy L; Denver
Moore, Richard H; Louisville; Boulder
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Moorman, Lemuel T; Denver
Moothart, Richard W; Colorado Springs
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Morgan, Alethia E; Pueblo
Morgan, Alma R; Fort Collins
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Morgan, Joseph W M; Wheat Ridge
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Morris, Robert D; Denver
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Morton, G Thomas; Glenwood Springs
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Mosko, Joel; Denver
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Mossberg, C Eugene; Longmont
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Moulton, Jeffrey S; Denver; Englewood
Mountain, Richard D; Denver; Littleton
Moyer, John P; Evergreen
Mozia, Nelson I; Wheat Ridge; Golden
Mrozek, John R; Colorado Springs
Mubarak, Asa'ad A; Wheat Ridge; Englewood
Mueller, Edward E; Pueblo
Mueller, Ferdinand Jr; Denver; Englewood
Mueller, John F; Denver
Muffly, Harry M; Englewood; Littleton
Muffly, James T; Englewood
Muftic, Michael; Denver
Muir, Bennett W; Parker
Mullinaux, Ernest B; Aurora
Mumma, Donna L; Aurora; Denver
Munch, David M; Aurora; Englewood
Munro, George F; Brighton
Munson, Wayne M; Colorado Springs
Munson, William A; Colorado Springs
Murahata, Sue A; Denver
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Murphy, Carla E; Denver; Golden
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Murphy, David A; Denver
Murphy, David M; Englewood
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Murphy, Joseph M; Durango
Murphy, Lawrence E; Fort Collins

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- Resource Based RVS
- Study of Cost Containment Programs

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- Conversion Factor Increase
- Utilization Review Panel
- Dispute Resolution Process
- Implementation of New RVS

☆ MEDICAID

- Primary Care Physician Program
- Reimbursement
- Access to Care

☆ MEDICARE Advisory Committee

- MEDICARE "MAAC" Attack
- Carrier Imposed Sanctions
- Medically Unnecessary Denials

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Mutz, Austin; Denver
Myers, Burton S; Englewood
Myers, Carl B; Denver
Myers, James M; Colorado Springs
Myers, John A; Aurora; Englewood
Myers, R Douglas; Lakewood; Golden

N

Nafziger, Steven D; Pueblo
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Napoli, J Nicholas; Lakewood
Narrod, James A; Denver
Narvaez, Roger W; La Junta
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Nason, Herbert M; Alamosa
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Nauts, Ruth B; Aurora; Denver
Nawaz, Dilsher; Denver; Aurora
Nay, Leston B; Littleton; Denver
Neal, Billy J; Lakewood; Wheat Ridge
Near, Alida R; Castle Rock
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Nelson, Roy G; Boulder; Louisville
Nelson, William R; Denver
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Netz, Howard E; Lakewood
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Nevrivy, Thomas; Fort Collins
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Newlin, Carol M; Fort Collins
Newman, Lee S; Denver
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Nicolay, Donald L; Boulder
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Ning, Theodore C Jr; Wheat Ridge; Evergreen
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Nofsinger, Kenton D; Aurora; Englewood
Nonas, Nicholas G; Englewood; Denver
Nordin, John R; Lakewood; Littleton
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Norrie, Thomas K; Fort Collins
Norris, Andrew M; Fort Collins
Norton, John D; Colorado Springs
Norton, John T; Denver; Parker
Norton, Philip H; Aurora; Denver
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Nowick, Martin E; Aurora; Englewood
Nusca, Margaret T; Monument
Nuss, Donald D; Aurora
Nutting, Burtis E; Glenwood Springs
Nye, John R; Denver
Nygaard, Airell L; Denver
Nystrom, John S; Glenwood Springs

O

O'Briant, Charles R; Denver
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O'Connor, J William; Lakewood; Englewood
O'Connor, Sharon E; Littleton
O'Day, Fred T; Lakewood
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O'Donnell, James J; Colorado Springs
O'Donnell, Richard S; Denver; Englewood
O'Donnell, Sean C; Colorado Springs
O'Dowd, Mary K; Denver
O'Loughlin, Edward P; Denver; Aurora
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O'Neal, Jean P; Greeley
O'Neill, Eugene T; Denver; Englewood
O'Neill, John J; Fort Collins
O'Rourke, P Terrence; Colorado Springs
Oakes, Frederick C Jr; Glenwood Springs
Oakley, Robert D; Denver; Littleton
Ochsner, Ronald C; Englewood; Littleton
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Oden, Robert R; Aspen
Odom, John A Jr; Lakewood; Wheat Ridge
Oelrich, Carl D; Greeley
Ogden, McAlpine P; Boulder
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Ogura, George I; Denver
Ohlsen, Joel D; Pueblo; Rye
Okin, J Thos; Denver
Olds, Kenneth M; Greeley
Olijnyk, Irene; Longmont
Oliphant, Manford M Jr; Denver; Littleton
Oliveira, Mario M; Colorado Springs
Olivier, Brian D; Colorado Springs
Ollhoff, Harold J; Sterling
Olsen, Eric B; Denver
Olsen, Gerald M; Fort Collins
Olshock, Richard; Wheat Ridge
Olson, Dennis H; Wheat Ridge; Evergreen
Olson, Laurel M; Aspen
Olson, Mark R; Limon
Olson, Neiland R; Colorado Springs
Olson, Robert H; Wheat Ridge; Golden
Olvey, Stuart K; Colorado Springs
Onat, Maurine; Denver; Englewood
Opatowski, Michael B; Denver
Oppegard, Charles R; Englewood; Denver
Oppenheim, Walter H; Wheat Ridge
Oppenheimer, David A; Boulder
Oram-Smith, Jeffrey C; Colorado Springs
Orr, Edwin R; Fruita
Orsborn, George E Jr; Denver; Wheat Ridge
Orton, Paul W; Highlands Ranch; Littleton
Osa, Steven R; Denver; Littleton
Osborn, Mark M; Pueblo
Osborne, Richard B; Greeley
Oster, Lewis H Jr; Denver
Otsuka, Alvin L; Denver
Otteman, Merlin G; Fort Collins
Overett, Thomas K; Denver
Overturf, Bruce R; Fort Morgan
Overy, Hugh R; Denver
Owens, J Cuthbert; Denver; Englewood
Oxman, Albert C; Denver

P

Paap, Jack I; Colorado Springs
Pace, R Scott; Greeley
Pacheco, Jose P; Westminster
Pacini, Donald R; Grand Junction
Packer, Robert H; Englewood; Littleton
Padrnos, Richard E; Boulder
Padua, Steve A; Delta
Page, Donald F; Canon City
Page, Doris A; Denver
Painter, M Ray Jr; Glenwood Springs
Pajon, Eduardo R Jr; Aurora; Parker
Paley, Aaron; Denver
Palmer, Harold D; Sedona AZ
Palmer, Walter Lincoln; Chicago IL
Palmieri, Anthony J; Aurora
Palmquist, David L; Denver
Palu, Margaret E; Fort Morgan
Pang, Herman; Denver; Englewood
Panter, Edward G; Denver
Panter, Kent W; Denver
Papenfus, Kurt F; Aspen; Golden
Pappas, George; Denver; Littleton
Paquette, Frederick R; Grand Junction
Pardos, George J; Denver
Parker, John T; Fort Collins; Westminster
Parker, Joseph J Jr; Grand Junction
Parker, Kay C; Denver; Morrison
Parker, Richard K; Denver
Parker, Robert W; Littleton
Parkhurst, Aaron E; Greeley
Parkinson, Wendy M; Denver
Parks, B Jefferson; Wheat Ridge
Parry, Lynn; Lakewood; Littleton
Parry, Thomas M; Edgewater; Lakewood
Parsons, Debra J; Denver
Parsons, Donald W; Denver; Littleton
Parsons, Julie A; Denver
Partington, Cyrus W; Colorado Springs
Pash, Robert; Denver
Pashkow, Fredric J; Loveland
Patel, Dayalji D; Thornton; Westminster
Paton, Bruce C; Denver
Patt, Richard A; Aurora
Patten, Albert M; Denver
Patterson, Charles R; Ault
Patterson, James R; Englewood
Patterson, Joseph H; Denver; Englewood
Patterson, Robert B; Loveland
Patterson, Stuart A; Fort Collins
Patterson, William R; Grand Junction
Pattridge, Mark F; Golden
Patz, David S; Grand Junction
Paul, David H; Vail
Payea, Norman P II; Lakewood; Wheat Ridge
Paz, F Mark; Denver; Westminster
Peacock, William F; Littleton
Peak, James W; Montrose
Pear, Bert Lincoln; Denver
Pearlman, David S; Aurora; Englewood
Pearlman, Mark H; Aurora; Englewood
Pearse, Jack H; Yuma
Pearse, John R; Thornton

Pebler, Richard F; Limon
Pecevich, Mark; Pueblo
Peck, Mordant E; Denver
Pederson, Janet L; Aurora
Peetz, Michael E; Greeley
Peetz, Shelley L; Greeley
Pemberton, James P; Pueblo
Pence, Tom K; Colorado Springs
Penix, Lex L; Denver
Penn, Eugene C; Aurora
Penner, Clyde E; Englewood
Pensack, Robert J; Denver
Peoples, Grant; Aurora
Peppers, Tracy D; Denver
Percefull, Sabin C; Englewood
Perlman, Daniel M; Denver
Perna, John L; Leadville
Perreten, Frank A; Denver
Perrott, Walter W III; Colorado Springs
Perry, Carmel P; Colorado Springs
Perry, Robert B; Littleton
Persoff, Michael; Denver; Aurora
Persoff, Nathan S; Denver
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Peshock, James R; Boulder
Peters, Bruce H; Colorado Springs
Petersen, Gordon W; Denver
Petersen, Warren A; Grand Junction
Peterson, Edwin W; Denver
Peterson, Harold R; Littleton
Peterson, James H; Greeley
Peterson, Keith E; Greeley
Peterson, Norman E; Denver; Aurora
Peterson, Richard I; Colorado Springs
Peterson, W Peter; Denver
Petrie, Kent Alan; Vail
Petty, Stephen T; Denver
Petty, Thomas L; Denver
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Pfenninger, Mark Wm; Wheat Ridge; Evergreen
Pfile, E F; Longmont
Pflum, Eugene W; Pueblo
Pfoff, David S; Denver; Englewood
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Phelps, Dennis A; Colorado Springs
Phelps, Dwight S; Denver
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Phelps, Lynn M; Pueblo
Phillips, Alfred M; Pagosa Springs
Phillips, Barbara A; Boulder
Phillips, Edward B; Brighton; Englewood
Phillips, George H; Loveland
Phillips, Robert G; Denver
Philpott, Ivan W; Denver
Philpott, Osgoode S; Denver
Philpott, Osgoode S Jr; Denver; Englewood
Philpott, Peter J; Englewood
Pick, Melvin M; Colorado Springs
Pickard, Thomas M; Sterling
Piel, Michael T; Englewood
Pierce, Alson F; Peyton
Ping, Donald W; Denver
Pinson, Ronald C; Grand Junction
Pinto, Randolph A; Louisville; Lafayette
Piper, James C; Grand Junction
Pirch, Howard R; Denver
Pirnat, Martin P; Durango
Pise, Gerald J; Colorado Springs
Pitman, William M; Colorado Springs
Pizzo, Christopher J; Denver
Platt, Frederic W; Denver
Platt, Teresa L; Glenwood Springs
Platz, Victor; Colorado Springs
Plaus, William J; Denver
Plazak, Dean J; Boulder
Plunkett, Larry M; Denver
Pluss, Richard G; Denver; Englewood
Pluss, William T; Denver
Podgorski, Steven F; Englewood; Denver
Podlecki, David A; Longmont
Pohlman, Floyd H; Sterling
Poje, Joanne; Longmont
Polevoy, Ira S; Lakewood; Evergreen
Poliakoff, Claude S; Colorado Springs
Pollard, Joseph S Jr; Colorado Springs
Pollard, Marven J; Denver; Aurora
Pollock, Caryl J; Colorado Springs
Pomerantz, Marvin; Denver; Castle Rock
Pons, Peter T; Denver
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Porter, Robert T; Greeley
Post, Gary L; Englewood; Aurora
Post, Lawrence T; Craig; Hamilton
Potestio, Frank S; Englewood; Parker
Poticha, Gerald S; Littleton; Englewood
Potter, Donald E; Canon City
Potts, William E; Lakewood; Denver
Potzler, Mark S; Lamar
Poucel, Jean-Georges; Aurora
Poulsom, Edwin D; Denver
Powell, Thomas T; Golden; Lakewood
Power, Charles W; Lafayette
Powers, Bernard J; Englewood; Denver
Powers, Douglas K; Longmont; Platteville
Powers, Robert C; Englewood; Denver
Prager, Nelson A; Highlands Ranch
Pratt, Elmer B; Littleton
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Preble, Parker E; Fort Collins
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Preshaw, D Edwin; Littleton
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Price, Jerry G; Denver; Englewood
Price, Paul O; Aurora; Denver
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Price, Vernon H; Steamboat Springs
Prinzing, J Fredric Jr; Denver
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Proctor, Carla R; Pueblo
Propp, John G; Denver
Protas, Jacob M; Aspen
Province, Darryl L; Pueblo
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Pruitt, J C; Colorado Springs
Ptasnik, Michael J; Denver; Englewood
Puckett, William N; Denver
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Purnell, Mark L; Aspen

Q

Quackenbush, Kirk T; Lakewood
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Quinby, James L; Denver
Quinn, Richert E Jr; Greeley
Quintana, Phillip D; Aurora
Quintero, Peter S; Denver

R

Raattama, Ruth J; Denver
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Rainer, W Gerald; Denver
Rainer, William G Jr; Denver
Rainey, Rhett K; Colorado Springs
Ramey, Ralph Jr; Colorado Springs
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Ramos, Michael A; Pueblo
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Rangel, Keith A; Greeley
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Rapaport, Alan M; Denver; Aurora
Rapp, Alan D; Colorado Springs
Rapp, Barry M; Pueblo
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Rasband, Rick W; Aurora
Rashleigh, Perry L; Grand Junction
Raso, Roland A; Grand Junction
Rastrelli, Alan J; Denver; Littleton
Ratcliff, Ralph G; Denver
Ratigan, Richard D; Denver
Ratner, Karen N; Littleton; Lakewood
Ratzer, Erick R; Denver; Littleton
Rauzi, Frank R; Littleton
Ravin, Rose S; Denver
Ravin, Sheldon J; Colorado Springs
Rawat, Sumant; Pueblo
Raybin, James B; Boulder
Rayburn, Charles R Jr; La Junta
Raye, Charles H; Pueblo; Colorado Springs
Rea, John J; Pueblo; Pueblo West
Rechnitz, Gary D; Fort Collins
Reckler, Sidney M; Denver
Rector, James B; Boulder; Longmont
Rector, Susan E; Boulder; Longmont
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Redwine, Robert H; Pueblo
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Reed, Thomas A; Denver
Reed, William L; Grand Junction
Reents, William J; Loveland
Rees, James M; Colorado Springs
Reeves, Robert H; Colorado Springs
Regier, Donald D; Julesburg
Rehg, Willian F; Englewood
Reich, Harvey M; Wheat Ridge
Reich, Laura M; Colorado Springs
Reich, Marshall P; Aurora; Denver
Reichert, Thomas K; Pueblo
Reid, John H; Fort Collins
Reilly, Gerald D; Pueblo
Reimers, Bruce L; Colorado Springs
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Roberts, Donald M; Denver
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Roberts, William A; Boulder
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Robinson, William M M; Cedar Mtn NC
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Rogers, Jean C; Denver; Aurora
Rogers, William F; Colorado Springs
Rohrer, H Hugh; Englewood; Littleton
Rokicki, Robert R; Aurora
Roller, Lothar K; Canon City
Roller, Richard J; Denver; Golden
Rollinger, Charles L; Littleton; Denver
Rollins, Donald R; Loveland
Rome, Clifford J; Greeley
Romett, J Lewis; Colorado Springs
Roney, Patrick J; Littleton; Denver
Roos, David B; Denver; Littleton
Roos, David Brian; Aurora
Rose, Brian H; Littleton
Rose, Cynthia; Colorado Springs
Rose, Virgil J; Denver; Brighton
Rosen, Gary B; Boulder
Rosen, Peter; Denver
Rosen, Reuven E; Denver
Rosenberg, Alan L; Denver
Rosenberg, Jonas S; Denver
Rosenberg, Stuart G; Denver; Morrison
Rosenberger, Alan B; Wheat Ridge; Lakewood
Rosenbloom, J L; Pueblo
Ross, Clarence L; Burlington
Ross, James R; Grand Junction
Ross, Michael C; Denver
Ross, Michael H; Arvada; Golden
Rossman, Mitchel G; Boulder
Roter, David L; Boulder
Roth, Henry J; Denver; Englewood
Rothberg, Alan D; Aurora
Rothgeb, Eric J; Aurora
Rothhammer, Amilu S; Colorado Springs
Rothman, David; Denver
Roukema, James E; Pueblo
Rowan, Aloysius I Jr; Aurora
Rowland, Charles F; Lakewood
Rowley, Mark C; Denver
Rowley, Raymond D; Pueblo
Roy, Charles E; Grand Junction
Rubinow, Sidney D; Colorado Springs
Rubinowitz, Martin J; Denver
Rubinson, Samuel M; Colorado Springs
Rubright, Mark W; Longmont
Rudd-McCoy, Nancy A; Thornton; Englewood
Ruddell, James W; Alamosa
Ruddy, John R; Denver
Ruderman, Jerome H; Denver
Rudolph, Merritt C; Denver; Englewood
Ruggera, Gary C; Durango
Ruggles, Charles W; Colorado Springs
Ruiter, Richard; Pueblo
Rule, Ingrid K; Loveland; Fort Collins
Rumack, Barry H; Denver; Littleton
Rumley, A S; Fort Collins
Rumley, Ruth Jones; Fort Collins
Runge, Paul E; Los Angeles CA
Rupp, Gerald R; Longmont
Rusk, Harvey S; Pueblo
Russell, Asela C; Aurora; Denver
Russell, George R; Boulder
Russell, Ruth K; Henderson
Ruybal, Jacob A Jr; Grand Junction
Ryals, Jarvis D; Pueblo
Ryan, Donald W; Lakewood; Golden
Ryan, John P; Boulder; Lyons
Ryan, Mark R; Denver
Ryan, Michael P; Lakewood
Ryan, Sonia C; Lakewood; Golden
Ryan, Steven J; Denver
Ryder, William H; Colorado Springs
Rymer, Charles A; Denver

S

Sabel, John S; Englewood
Saber, William L; Denver; Golden
Sabin, Clarence W; Windsor
Sable, Aaron W; Denver
Sable, David L; Fort Collins
Saccomanno, Geno; Grand Junction
Sachs, Robert A; Littleton
Sadler, Dean L; Lakewood
Sadler, Jackson L; Fort Collins
Sadler, John E Jr; Fort Smith AR; Fraser
Sadler, Richard L; Pueblo
Sadler, Theodore R Jr; Grand Junction
Safford, H R III; Denver; Englewood
Salata, John R; Colorado Springs
Salerno, Charles F; Pueblo
Saliman, Alan E; Glenwood Springs
Salimbeni, Julio C; Fort Collins
Salmen, Paul A; Glenwood Springs
Salter, William J; Boulder
Salzman, Emanuel; Denver
Sampath, Kulasekhar; Pueblo
Sampson, John J; Colorado Springs
Sampson, Lloyd S; Las Animas
Samuelson, Stephen A; Aurora
Sandell, Thomas G; Salida
Sanders, Barbara J P; Denver; Englewood
Sanders, Richard J; Denver; Englewood
Sandhaus, Robert A; Denver; Littleton
Sands, Arthur C; Fort Collins
Sands, Gary P; Denver; Golden
Sanidas, John D; Denver
Sankey, Noel E; Englewood
Santaguida, Rik; Idaho Springs; Evergreen
Santoro, John A Jr; Thornton; Broomfield
Sarche', Michael A; Denver
Sargent, Frank T; Englewood; Littleton
Sargent, Robert A; Littleton; Englewood
Sartorio, Ernest Jr; Denver
Sassano, Eugene; Wheat Ridge; Golden
Satt, James M; Rocky Ford
Saunders, Daniel T; Arvada; Golden
Saunders, Mark O; Aurora; Denver
Sawyer, Robert B; Denver
Sayers, C Paul; Fort Collins
Sayre, Robert L; Colorado Springs
Sbarbaro, James A; Pueblo
Sbarbaro, John A; Denver
Scaer, Robert C; Boulder
Scanavino, David J; Wheat Ridge; Evergreen
Scarinzi, Hugo J; Flagler
Schafer, Donald R; Loveland
Schafer, Larry A; Wheat Ridge; Arvada
Schaiberger, Peter H; Denver
Schaler, Richard E; Englewood
Schaten, Mark A; Denver; Aurora
Schaten, Robin L; Longmont
Schaumberg, Edward G Jr; Greeley
Schechter, Philip A; Littleton; Englewood
Scheig, William B; Pueblo
Schemmel, Janet E; Denver
Schick, Walter R; Denver
Schiefen, James C; Imperial NE
Schiff, Michael; Aurora; Englewood
Schiller, Carl F; Aspen
Schiller, John E; Colorado Springs
Schilling, Donald H; Boulder
Schlomer, Donald; Pueblo
Schmalhorst, Brian K; Haxtun
Schmeh, Carl A; Greeley
Schmidt, Alden T Jr; Denver; Littleton
Schmidt, Douglas R; Denver
Schmidt, John J; Pueblo
Schmidt, Philip M; Colorado Springs
Schmidt, Robert L; Delano CA
Schmitt, Edward A; Colorado Springs
Schmitt, Henry J Jr; Colorado Springs

Schmitt, Oscar J; Denver
Schmucker, Marion L; La Junta
Schneider, David J; Denver; Aurora
Schneider, Dieter W; Denver
Schneider, Donald J; Denver
Schneider, Herbert H; Pueblo
Schneider, Michael J; Denver; Englewood
Schneider, Thomas F; Greeley
Schneider, William A; Denver; Englewood
Schocket, Alan L; Denver
Schonebaum, Robert M; Englewood
Schoo, Michael J; Montrose
Schoolcraft, William B; Englewood
Schoonmaker, Fred W; Denver
Schorlemmer, Gilbert R; Pueblo
Schottstaedt, Louise E; Pueblo
Schrandt, Donald L; Denver
Schreck, Walter R; Denver
Schreiber, David P; Denver
Schrier, Robert W; Denver; Englewood
Schroeder, Fredric A; Denver; Englewood
Schuchman, Harvey A; Denver; Englewood
Schuett, Michael C; Denver
Schuler, Willard D; Thornton; Westminster
Schulman, Eugene; Commerce City; Denver
Schultz, Linda M; Glenwood Springs
Schultz, Norman J; Wheat Ridge
Schultz, R J Black; Pueblo
Schultz, Randall R; Durango
Schutt, Robert C Jr; Colorado Springs
Schwab, Irving H; Colorado Springs
Schwappach, John R; Denver
Schwartz, Arthur A; Aspen
Schwartz, Jeffrey C; Greeley
Schwartz, Kenneth A; Rifle
Schwarz, M Roy; Chicago IL
Sciotto, Cosimo G; Colorado Springs
Scott, Floyd E; Denver; Littleton
Scott, Francis A; Denver; Englewood
Scott, Gary A; Durango
Scott, Jeffrey R; Englewood; Castle Rock
Scott, Sarah K; Denver
Scott, Stephen C; Denver
Scott, William A; Grand Junction
Seagraves, Mary A; Colorado Springs
Seale, William B; Boulder
Sealy, David P; Colorado Springs
Sederberg, James; Denver
Seegers, Winnifred; Englewood; Littleton
Seeton, James F; Fort Collins
Segall, Neil C; Thornton; Denver
Seibert, Charles E; Englewood; Littleton
Seigel, Robert S; Denver; Golden
Self, William G Jr; Westminster; Denver
Sell, Dean J; Denver
Sellers, Dilworth P; Colorado Springs
Selner, John C; Denver
Serota, Joseph F; Aurora; Englewood
Service, William C; Colorado Springs
Sethman, Harvey T; Denver
Settipani, Frank L; Pueblo
Seybold, William R; Colorado Springs
Seydel, Frederick K; Evergreen; Denver
Shaban, Husam M; Wheat Ridge; Englewood
Shachtman, William A; Fort Collins
Shahzadi, Mehrbanoo (Mary); Colorado Springs
Shallow, James T; Colorado Springs
Shand, J Alan; La Junta
Shander, David; Denver
Shane, James A Jr; Lakewood
Shanker, H Ben; Denver
Shanks, W George; Grand Junction
Shannon, Richard D; Montrose
Shapiro, Miriam R; Greeley
Shattuck, Robert C; Littleton
Shaver, Charles R; Montrose
Shaw, Thomas J; Denver
Shealy, Stephen H; Littleton
Shearer, Christoper P; Denver; Englewood
Sheehan, Mark W; Denver; Englewood
Sheiner, Seth A; Denver
Sheldon, Jonathan; Westminster
Shenk, Douglas C; Grand Junction
Shenkel, Roger C; Grand Junction
Shepherd, Janet E; Boulder
Sherbok, Bernard C; Denver
Sheridan, E Paul; Denver
Sherman, Joseph H; Scottsdale AZ
Sherman, Joseph M; Lakewood
Sherman, Leon H; Lakewood
Sherman, Morton E; Aurora; Englewood
Sherman, Susan A; Aurora; Englewood
Sherrod, Dale B; Longmont
Sherwin, Richard M; Colorado Springs
Sherwood, Clifford; Colorado Springs
Sherwood, Robert W; Fort Collins
Shesol, Barry F; Aurora
Shidler, Elmore J; Denver
Shields, David A; Greeley
Shields, Lloyd V; Denver
Shiffman, Richard N; Arvada
Shiovitz, William D; Boulder
Shipman, Karl H; Denver
Shippert, Ronald D; Englewood; Littleton
Shira, James E; Denver; Englewood
Shoemaker, Larry D; Colorado Springs; Monument
Shonk, John J Jr; Colorado Springs
Shoptaugh, A Glenn Jr; Colorado Springs
Shore, Roy H; Greeley
Short, Rande K; Durango
Short, William F; Colorado Springs
Shpall, Zachary I; Denver
Shroyer, Joseph M; Pueblo
Shwayder, Aaron J; Denver
Shwayder, Montimore C; Denver
Shwayder, Reynold I; Greeley
Sibley, Lonnie M; Boulder
Sides, Leroy J; Denver
Siegel, Gary L; Lakewood; Denver
Sigler, Cynthia J; Denver
Sikand, Gita S; Denver; Englewood
Silfverskiold, Jan P; Wheat Ridge
Sillix, Patrick A; Grand Junction
Sills, Theron G; Greeley
Silveira, M Beatriz; Aurora
Silver, Gordon S; Colorado Springs
Silverberg, Stuart O; Westminster; Golden
Silverman, Leonard D; Aurora; Denver
Silvers, William S; Englewood; Denver
Silvestri, H Peter; Denver
Simerville, James J; Colorado Springs
Simmons, Robert A; Fort Collins
Simon, David C; Aurora
Simon, Frederick S; Montrose
Simon, John S; Denver
Simon, John Jr; Englewood
Simon, Robert B; Arvada
Simons, David R; Boulder
Simons, Herbert J; Denver
Simons, Kenneth M; Grand Junction
Simpson, C Kelley; Lakewood
Simpson, George R; Grand Junction
Sims, John A; Colorado Springs
Sindler, Marc A; Canon City
Singer, Charles J; Fort Collins
Singleton, Albert O III; Galveston TX
Singleton, Glenda; Denver
Sinton, Eleanor; Englewood
Sisson, Earl M; Greeley
Sitarik, Mark A; Boulder
Skeehan, Raymond A Jr; Denver
Skiles, Trudy A; Colorado Springs
Skrei, Richard P; Pueblo
Slagle, DeRoy W H; Pasadena CA
Slonim, N Balfour; Denver
Smail, W Carlyle Jr; Denver; Englewood
Smazal, Stanley F Jr; Englewood
Smernoff, Dean G; Denver
Smiley, John W; Denver
Smiley, Scott L; Pueblo; Pueblo West
Smilkstein, Daniel H; Steamboat Springs
Smith, Barry R; Denver; Littleton
Smith, Brent J; Denver; Englewood
Smith, Brian R; Denver
Smith, Bruce M; Fort Collins
Smith, Christopher F; Aurora; Englewood
Smith, Christopher J; Pueblo
Smith, Dale J; Denver; Golden
Smith, Daniel L; Denver; Englewood
Smith, Darvin W; Boulder
Smith, David D; Pueblo
Smith, David F; Grand Junction
Smith, Don B; Englewood; Denver
Smith, Drew H; Fort Collins; Edwards
Smith, Edwin R; Denver; Englewood
Smith, Elwin A; Denver; Littleton
Smith, G Paul; Grand Junction
Smith, Harold J; Beulah
Smith, Hubbard W; Greeley
Smith, James G Jr; Colorado Springs
Smith, Jerome I; Fort Collins
Smith, Jerry; Denver
Smith, John P; Arvada; Golden
Smith, Kirk M; Fort Collins
Smith, Loyd L; Pueblo
Smith, Myron C; Greeley
Smith, Raymond H; Colorado Springs
Smith, Richard H; Denver
Smith, Robert H; Colorado Springs
Smith, Ronald E; Grand Junction
Smith, Royal A; Glenwood Springs
Smith, Steven W; Pueblo
Smith, Thomas R; Pueblo
Smith, Verne A; Grand Junction
Smith, William E; Denver; Lakewood
Smyth, Charley J; Denver
Smythe, Stephanie; Broomfield; Louisville
Sneddon, Wallace A; Longmont
Snider, Bernard H; Denver
Snively, Steven L; Denver; Littleton
Snodderley, Paul L; Fort Collins
Snowden, Teresa; Aurora
Snyder, Alan L; Boulder
Snyder, Charles E; Pueblo
Snyder, Gary L; Grand Junction
Snyder, Joseph; Denver
Snyder, Murray M; Arvada; Denver
Snyder, Robert; Denver
Sobel, John H; Thornton
Sobel, Roger M; Fort Collins
Soffer, Patricia G; Denver
Solano, Mark D; Denver
Soler, Joseph J Jr; Denver
Solomon, Maurice C; Colorado Springs
Solomon, William A; Aurora
Song, Yo-Jun; Greeley

Soper, Harriette C; Grand Junction
Sorkin, Marc J; Denver; Littleton
Souza, Pedro M; Pueblo
Sowl, Duane D; Boulder
Spalter, Roger M; Littleton
Spangler, Michael W; Colorado Springs
Spangler, Richard D; Denver
Spatt, Peter D; Denver
Spaulding, Duane R; Colorado Springs
Speedie, Douglas K; Delta
Speers, Wendell C; Denver
Spees, Alan J; Denver; Littleton
Spees, Everett K Jr; Denver
Speirs, Alfred C; Colorado Springs
Spencer, J Robert; Aurora
Sperry, Corydon S Jr; Fort Collins
Spillmann, Scott J; Golden; Elizabeth
Spivey, Danton B; Englewood; Denver
Spoering, Craig A; Grand Junction
Spofford, Bryan T; Denver
Spokas, Frank J Jr; Trinidad
Sprague, Dawin C; Johnstown
Spurck, Robert P; Denver; Littleton
Squires, Robert S; Denver
Stabel, David E; Thornton; Westminster
Stabler, Lairie O; La Junta
Stacey, N Russell Jr; Longmont
Stachler, John M; Pueblo
Stafford, Robert M; Colorado Springs
Stahl, Eric J; Lakewood; Golden
Stahl, Larry G; Sterling
Stahlgren, LeRoy H; Denver
Stahlman, Richard L; Greeley
Stallworth, John C; Denver; Englewood
Stamm, Carol A; Denver
Stampfli, Wendell P; Rochester MN
Standard, Peter J; Fort Collins
Stanfield, Clyde; Denver
Stanley, Gerard J; Milliken; Johnstown
Stanton, Michael W; Greeley
Stanton, Robert P; Northglenn; Denver
Stapp, R Holbrook; Englewood; Denver
Stark, Craig F; Denver; Englewood
Stark, George L; Boulder
Stark, Meritt W; Las Cruces NM
Starkey, Gerald H Jr; Denver; Englewood
Starr, Arthur G; Denver
Starr, Robert R; Denver
Stavros, A Thomas; Englewood
Stecher, Karl Jr; Englewood
Stecker, Raymond H; Colorado Springs
Stedman, Edith L Bratton; Sarasota FL
Stedman, Wilfred D; Sarasota FL
Steele, Brandt F; Denver
Steele, Peter P; Denver
Steffen, Grant E; Englewood
Stein, Donald W; Boulder
Stein, Gerald S; Colorado Springs
Steinbaugh, John R; Boulder; Louisville
Steinberg, Thomas I; Vail
Steinbrecher, Jerry S; Glenwood Springs
Steiner, Jane C; Denver
Steines, William J; Englewood
Steinhardt, Kasiel; Denver; Englewood
Stelle, Robert E; Colorado City
Stephens, Floyd V Jr; Fort Collins
Stephens, George K III; Boulder
Stephens, Mark R; Vail
Stephenson, Philip L; Wichita Falls TX
Stephenson, Robert L; Brighton; Denver
Sternberg, Patrick E; Boulder
Stevens, Sydney L; Littleton
Stevens, Wayne E; Lakewood
Stevens, William W III; Fort Collins
Stevenson, Chester P; Grand Junction
Stewart, James D; Boulder
Stewart, Robert J; Denver
Stewart, Stephen K; Longmont
Stidham, Paul B; Grand Junction
Stiefler, Richard E; Grand Junction
Stienmier, Richard H; Colorado Springs
Stiff, Kaye L; Wheat Ridge
Stigler, Del; Denver
Stirman, Jerry A; Glenwood Springs
Stjernholm, James R; Pueblo
Stjernholm, Melvin R; Boulder
Stjernholm, T Christian; Pueblo
Stjernholm, Thomas; Pueblo
Stoddard, Andrew P; Fort Collins
Stofac, Robert L; Golden; Lakewood
Stoffel, Philip T; Aurora; Denver
Stokes, Michael F; Denver
Stoll, Stephen L; Greenwood Village; Denver
Stone, Dianne C; Denver
Stone, Ken A; Denver
Stone, Michael D; Greeley
Stonington, Oliver G; Breckenridge
Storm, Thomas P; Denver; Northglenn
Stormo, Alan C; Boulder
Storms, William W; Colorado Springs
Story, Helen M; Littleton; Evergreen
Story, Paul G; Montrose
Straehley, Douglas J; Wheat Ridge; Arvada
Strain, James E; Elk Grove Village IL; Prospect Hts IL
Straits, B Joan; Wheat Ridge
Strand, Melford L; Denver; Englewood
Strandberg, Donald A; Colorado Springs
Strasburger, Arthur K; Littleton; Englewood
Straub, John C Jr; Littleton
Strauss, Stanley G; Westminster
Strickland, Darwin J; Denver
Stringer, Theodore L; Colorado Springs
Stringfellow, Roy C Jr; Colorado Springs
Striplin, Michael R; Boulder
Struck, Teresa H; Colorado Springs
Studebaker, Lynne R; Englewood; Golden
Stuebner, Jon W; Aurora; Englewood
Stutzman, Howard E; La Junta
Stuver-Webster, Edna L; Denver
Sudan, A Chester Jr; Englewood; Denver
Sullivan, Neil F; Denver
Sullivan, Patrick J; Greeley
Sullivan, Philip J; Englewood; Denver
Sullivan, Terrance J; Denver
Sullivan, Wallace B; Pueblo
Summerson, Donald J; Greeley
Sumners, Thomas C; Denver
Sunde, Paul M; Littleton
Sunderman, Steve R; Alamosa
Sundland, Barry R; Aurora; Denver
Sunthanker, Lena (Shivalina); Fort Collins
Susko, Thomas M; Denver
Susman, Morris H; Denver
Sutherland, Jerome D; Englewood; Denver
Sutherland, Jesse O Jr; Denver
Sutton, Paul; Denver
Svinarich, J Thomas; Denver; Westminster
Swain, Robert B; Colorado Springs
Swanson, Michael S; Englewood; Littleton
Swanson, Robert L; Durango
Swanson, Wendel B; Englewood; Littleton
Swarsen, Ronald J; Denver
Swartz, Carl W Jr; Pueblo
Sweeney, James P; Colorado Springs
Sweeney, Michele K; Pueblo
Sweeney, Richard; Littleton; Westminster
Sweeney, Thomas I; Wheat Ridge; Lakewood
Swets, Edward J; Denver
Swinehart, James M; Denver
Sydow, Sylvia; Denver
Sykes, William M; Denver; Golden
Syzek, Thomas E; Conifer; Bailey
Szczukowski, Lorna; Denver
Szvetecz, Frank C; Colorado Springs

T

Taguchi, James T; Denver; Littleton
Taibleson, David; Denver
Takahashi, William Y; Boulder
Takeno, M George; Englewood
Talbott, Richard D; Denver
Talley, Richard W; Littleton
Tanenbaum, Marc H; Longmont
Tannenbaum, Philip D; Denver
Taravella, Michael J; Thornton; Denver
Tarkanian, Malcolm A; Arvada
Tarlie, Anschel; Englewood
Tarr, John S Jr; Gunnison
Tartaglia, Louis Jr; Loveland
Taryle, David A; Denver
Tate, Robert M; Denver
Taylor, Colin V; Lakewood
Taylor, E Stewart; Denver
Taylor, Richard C; Littleton; Parker
Teal, Frederick F III; Denver
Tedeschi, John P; Colorado Springs
Tegtmeier, Ronald E; Golden
Teitelbaum, Daniel T; Denver
Telatnik, Stephen C; Colorado Springs
Tello, Robert J; Loveland
Temple, Donald R; Denver; Englewood
Tennant, Edward E; Casper WY
Tepley, Fred H; Lakewood
Terbush, James W; Castle Rock
Tharp, James A; Denver; Littleton
Thatcher, D B; Colorado Springs
Thatcher, George W; Olympia WA
Thayer, David O; Boulder
Thayer, Kent H Jr; Colorado Springs
Thieman, William J; Fort Collins
Thieszen, Milford E; Fort Collins
Thilo, Elizabeth H; Denver
Thode, Henry P Jr; Fort Collins
Thomas, B Lewis Jr; Grand Junction
Thomas, Donn D; Englewood
Thomas, H Dale; La Jara
Thomas, Herbert J III; Lakewood; Denver
Thomas, Joseph D; Alamosa
Thomason, Hubert H Jr; Denver
Thomason, Laura M; Denver
Thomasson, George O; Englewood; Highlands Ranch
Thompson, Horace E; Denver
Thompson, J Thomas; Ault
Thompson, James D; Wheat Ridge; Silverthorne
Thompson, Keith E; Greeley
Thompson, Lee S; Aurora; Denver
Thompson, Michael K; Colorado Springs
Thompson, Patrick L; Fort Morgan
Thompson, Richard H Jr; Englewood
Thompson, Rollin L; Denver; Englewood
Thompson, Stephen D; Wheat Ridge; Arvada
Thompson, V James; Boulder

Thorne, John L; Lakewood
Thornton, William R; Fort Collins
Thorson, Steven J; Fort Collins
Thron, Ann L; Boulder
Thulin, Barbara W; Englewood
Thulin, William J; Englewood
Thumim, Martin B; Lakewood; Littleton
Tice, Frederick G Jr; Pueblo
Tice, Larry D; Grand Junction
Tietz, Gregory C; Colorado Springs
Ting, J Karyl; Broomfield
Tippin, Steven B; Fort Collins
Tiu, Celsa T; Denver
Tobin, Peter L; Denver
Told, Thomas N; Craig
Toll, Giles D; Denver
Toll, Henry W Jr; Denver
Tolley, Russell C; Denver
Tomasso, Gerard I; Glenwood Springs
Tomlin, Donald D; Steamboat Springs
Tomlinson, Charles O; Denver
Tonne, Jay C; Pueblo
Tormey, Anthony D; Aurora
Towbin, Milton N; Denver
Towner, Thomas G; Grand Junction
Townsley, Harry E; Colorado Springs
Tracy, Herbert A; Canon City
Traina, Steven M; Denver
Tralla, Michael A; Denver; Cherry Hills Village
Tramp, Paul E; Loveland
Tramutt, H Michael; Westminster; Arvada
Trautner, Marilyn P; Denver; Littleton
Traylor, Frank A; Wheat Ridge
Treihaft, Marc M; Denver
Tripp, Warren I; Boulder; Louisville
Troop, Thomas G; Greeley
Trousdale, William E; Colorado Springs
Troy, Richard E; Grand Junction
Truell, John E; Englewood
Truitt, Leigh; Denver
Tschetter, Paul N; Englewood
Tsuda, Hideya; Englewood
Tubergen, David G; Denver
Tucker, Warren W; Denver
Tuerk, Kenneth; Denver
Tuft, Charles M; Denver; Golden
Tuft, Harold S; Denver
Tulin, Christopher N; Colorado Springs
Tupper, Harvey M; Grand Junction
Turley, Ginger T; Englewood; Aurora
Turman, William G; Pueblo; Pueblo West
Turner, Daniel T; Fort Collins; Greeley
Turner, Donn M; Fort Collins
Turvey, B Edward Jr; Boulder
Tutt, George O Jr; Fort Collins
Tuxworth, Frank E; Colorado Springs
Twellman, Dorothy J; Canon City
Twombly, George C Jr; Denver; Englewood
Tworoger, Fred A; Fraser
Tyburczy, Joseph A Jr; Brighton
Tyor, Joseph C; Denver

U

Ugale, Janice J; Denver; Englewood
Underwood, Larry D; Wheat Ridge; Arvada
Unfug, Harry V; Fort Collins
Updegraff, Jeffrey G; Fort Collins
Urban, James G; Aurora; Greenwood Village
Urwiller, Richard D; Denver
Utt, J Dale; Grand Junction

V

Vacanti, John J; Lakewood
Valentine, John D; Denver
Valley, George E; Fort Collins
Vanbuskirk, John A; Englewood; Littleton
Vancamp, Wesley; Pueblo West
Vandeest, Bennie W; Wheat Ridge
Vandenberg, Joseph P; Boulder
Vanderark, Gary D; Englewood; Denver
Vanderhoof, Richard C; Colorado Springs
Vanderschouw, H M; Leadville
Vanderschouw, Martin G; Fort Collins
Vandewater, Frank W; Lakewood
Vandiver, G H; La Junta
Vanetti, Carol S; Greeley
VanGemert, Robert J; Montrose
VanHardenbroek, Mechteld; Grand Junction
VanHook, Charles J; Longmont
VanSchooneveld, Craig H; Sterling
VanVooren, James S; Greeley
Vargas, Peter A; Denver
Varnell, Jeffrey L; Aurora; Englewood
Varner, Lawrence N; Aurora; Englewood
Varnum, Robert C; Colorado Springs
Vaughan, Judith B; Greeley
Vaughan, Robert T Jr; Buena Vista
Vedanthan, P K; Fort Collins
Velkoff, Michele A; Denver
Vellman, W Peter; Wheat Ridge; Littleton
Venbrux, Henry J; Greeley
Verkler, Christopher J; Englewood
Vernon, Thomas M Jr; Denver
Verploeg, Ralph H; Denver
Vest, Walter E Jr; Denver
Vialpando, Arthur B; Walsenburg
Vialpando, Stephen G; Pueblo
Vickers, C William; Colorado Springs
Vickery, Don L; Pueblo
Vickery, Katherine; Denver
Vickland, James R; Longmont; Berthoud
Victor, Yona D; Aurora; Parker
Victoroff, Michael S; Aurora; Broomfield
Vierling, Donna M; Aurora; Englewood
Vigil, Jacob P; Aurora; Denver
Vigoda, Philip S; Denver; Englewood
Vigor, William Jr; Wheat Ridge; Lakewood
Vijay, Nampalli K; Denver; Englewood
Villalon, Joseph H; Walsenburg
Vincent, Jack F; Canon City
Vincent, Thomas N; Denver; Englewood
Virtue, Robert W; Denver
Visconti, Francis T; Trinidad
Visconti, Paul B; Denver; Aurora
Vito, Richard A; Boulder
Vogel, Harold B; Denver
Vogt, Terry Ray; Evergreen
Voiles, J David; Fort Collins
Volk, John W; Greeley
VonGortler, Michael; Boulder
VonMinden, Milton C Jr; Colorado Springs
VonRueden, Kurt W; Wheat Ridge
VonRueden, Robert K; Denver; Littleton
Voorhees, Kenton I; Littleton
Voss, Mark A; Denver
Voss, Richard G; Fort Collins
Vostinak, William J; Westminster
Voy, Robert O; Colorado Springs
Vu, Thuan Q; Denver

W

Wade, Michael G; Denver
Waggener, H U; Denver
Waggener, William J; Loveland; Denver
Waggoner, Jeffrey R; Aurora
Wagner, Elaine D; Denver
Wagner, Kay E; Sterling
Wagner, R Paul; Alamosa
Wagoner, Katrina M; Denver
Wagschal, Rolf; Denver
Wahl, David L; Venice FL
Wahl, Ray L Jr; Colorado Springs
Wainwright, Neil D; Pueblo
Waite, H Dennis; Denver; Littleton
Waldbaum, Arthur S; Denver
Waldmann, Robert P; Denver
Waldron, C Milton; Colorado Springs
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This Month's Cover—A new traditon at CMS? The late Dr. Justina L. Ford is the first to be honored with the designation "Colorado Medical Pioneer". Overcoming the dual obstacles of race and sex discrimination around the turn of the century, she went on to deliver about 7,000 babies from her Denver office.

Standing in front of Dr. Ford's house/office (newly restored and located at 3091 California Street) are (left to right) Dr. Charles Howell, Mr. Paul Stewart, Mr. Ottowa Harris, Ms. Geraldine Stepp, Dr. John F. Farrington, Dr. Robert D. Hartley and Mr. Harold F. Frye.

An article and additional photos appear on page 225.

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Harold F. Frye, Executive Editor. William S. Pierson, Managing Editor. Michael Thompson, Ass't. Managing Editor



Robert D. Hartley, M.D. President, Colorado Medical Society

Stop ET!

Stop ET is the latest concern. At the recent AMA meeting, this was the major focus. The AMA has mounted an all-out effort aimed at Congress, Secretary of HHS, President Bush and his staff.

What is ET? It is extra-terrestrial but not in the same vein as the cute little space creature in the movie, *"ET"*. This ET stands for "Expenditure Targets".

The Congress is becoming quite concerned about what they see as runaway costs for health care . . . more specifically for Medicare. This concern is taking five distinct directions. Congress has identified a large list of "overpriced procedures" for which reductions in reimbursement up to 15% would apply. They are also looking at some additional reductions for Radiology and the manner in which time is scheduled for Anesthesiology services. The targets would be recommended each year by the Secretary of HHS with the advice of the Physician Payment Review Commission. In making his recommendation, the Secretary would consider inflation, growth in the covered population, aging of the population, changes in technology, evidence of unnecessary utilization and evidence of lack of adequate access. If physicians **in the aggregate** exceeded the target in any one year, **fee schedule updates** would be lowered or **eliminated** in the following year **at a minimum.** Fee rollbacks are a distinct possibility if a target is not met.

Expenditure Targets would decrease access to care. ETs would inappropriately force physicians on a case-by-case basis to make unconscionable decisions about withholding necessary services to patients. ETs would create an implicit system of economic incentives to withhold services on an encounter-by-encounter basis. ETs = Rationing.

ET...

Go Home!

We recognize the demands of the budget deficit and the increasing cost of health care. The AMA adopted several proposals that we would urge Congress to incorporate in place of ETs. These are 1) assure a high priority to health care for Medicare patients in relation to other programs when allocating federal funds; 2) reaffirmed support for equitable means testing; 3) initiate a federal tort proposal which would reduce the cost of defensive medicine (approximately $20 billion a year); 4) continue in the development of practice parameters so as to reduce inappropriate care (e.g., There has been about a 28% reduction in pacemaker implants since the American College of Cardiology and the American Heart Association published guidelines for permanent cardiac pacemaker implantation).

In addition, Rep. Charles Rose (D-N.C.) has just introduced HR2600 which would enact Medicare reforms suggested by the AMA House of Delegates in June, 1986. This bill would establish actuarially sound financing of benefits for Medicare.

Colorado Medical Society will continue to keep you updated as thiscritical matter is debated in Congress. If you are willing to discuss the issue with your Representative or Senator, please contact the CMS office for additional facts. We need a unified front to say . . . ET. . . go home!

The bottom line:

ETs Equal Rationing!



Harold F. Frye, Executive Director, Colorado Medical Society

COLORADO DOCTORS INSTRUMENTAL IN PASSAGE OF NEW POLICY AT AMA HOUSE OF DELEGATES MEETING

Colorado physicians led the way with the Rocky Mountain Conference in passing the following resolution:
RESOLVED, that the American Medical Association reaffirm its willingness to participate in efforts to control the cost of Medicare in a manner that preserves the quality and availability of health care to Medicare recipients; and be it further
RESOLVED, that the AMA reaffirm its position that the Medicare program establish actuarially sound financing of benefits as stated in existing policy; and be it further
RESOLVED, that the AMA urge Congress to incorporate the following considerations when applying budgetary controls to Medicare in place of Expenditure Targets:

a) assure a high priority to health care to Medicare patients in relationship to other programs when allocating federal funds.
b) given Medicare's finite resources, develop a mechanism to channel those resources to those patients with greater financial need and to require a proportionately larger financial contribution by the more affluent toward their own health care.
c) reduce the cost of defensive medicine (approximately $20 billion a year) caused by the present tort system.

Colorado also was influential in the passage of the following amendment to a resolution stating that if the federal government chooses to reduce reimbursement for certain "targeted procedures," the AMA lobby strongly to limit such reduction to geographic areas where current reimbursement exceeds the mean national reimbursement for the procedure.

Colorado Medical Society and the delegation introduced a resolution calling for the American Medical Association to convene an assembly of medical specialty societies recognized by the national specialty societies to study reimbursement issues, suggest a strategy on negotiating with the federal government and report back to the House of Delegates at the 1989 Interim Meeting. This resolution was referred to the Board of Trustees for action. This, we believe, is a positive step in a possible implementation of this resolution.

The AMA House of Delegates considered 276 resolutions and almost 100 reports from the Board and Councils. This is the largest volume of business considered by the AMA House of Delegates. If, in your reading of AM News or you hear of other items you'd be interested in, seeing a full copy of a report or resolution, feel free to call me.

LEGAL UPDATE:

MEDICARE/ MEDICAID KICK-BACK RULES "DISAPPOINTING"

By SUSAN T. SMITH

New federal regulations offering "safe harbors" from criminal liability for kick-backs, referrals and rumuneration under the Medicare and Medicaid anti-fraud statute will be *dissapointingly narrow and provide relatively little protection to physicians* involved in ventures where financial gain is directly or indirectly linked to patient referrals.

We will explain the new regulations here when they are effective. "Safe harbors" we anticipate are: Investments in stock of large public corporations; certain equipment and space rental arrangements; limited personal service/management contracts; consumer referral services, and sale of a practice, retirement or physician relocation.

Attorney Susan T. Smith heads the health care administration department at Pryor, Carney & Johnson, P.C., a 40-attorney Denver law firm that offers a full range of services to health care providers including medical malpractice defense, contract negotiations, medicare/medicaid, peer review, medical staff issues and personal legal services.

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ACTIONS OF THE BOARD OF DIRECTORS - JUNE 16, 1989

The Board of Directors, at their June 16, 1989, meeting approved the following;

Supporting the following DMS resolution on Rocky Flats:

RESOLVED, that the Denver Medical Society urgently recommends that all production and processing activities at the Rocky Flats Plant be immediately halted until such time as the safety of the workers at the Plant and of the residents of the surrounding area can be fully and adequately assessed, and an effective, permanent external mechanism for the continuous oversight of the public health and worker safety with respect to operations at the Rocky Flats Plant is in place.

Holding a "Conference on Medicine in the '90s" in conjunction with the CMS 1990 Interim Meeting.

Continuing the membership incentive program to component societies and making it a permanent program.

Establishing a six-member committee (three from CMS and three from the medical school faculty) to discuss membership options for the medical school faculty and strengthen relations within the physician community.

Continuing support of the Western Slope office for another year.

Establishing charges for the Subcommittee on Federal Legislation and the Medicare Physician Committee.

Taking a leadership role to effect a prioritization project for medical care in Colorado and allocating adequate resources to fund this project. A subcommittee of the Council on Medical Service will be established for this prioritization project which takes priority over the previous agreement to support Dr.Hadorn's effectiveness study.

Going on record in support in concept and action of raising the cigarette tax to provide for the medically indigent.

Participating with the Child Fatality Review Commission and asking a member of the Maternal and Child Health Committee to serve as a member of this Commission.

Supporting the inclusion of information concerning tobacco-related deaths on death certificates.

Rocky Flats Safety Raises Issues and Ire

The CMS Board of Directors at their June 16th meeting, approved support of a resolution submitted by the Denver Medical Society. The DMS Board had unanimously approved the fourteen-point resolution calling for the halting of production and processing at the Rocky Flats Weapons Plant until safety of workers and the public could be assured. The resolution, however, underwent some changes before a news release was issued on the subject June 17th, at which time Colorado Governor Roy Romer called for a meeting of the leadership of both CMS and DMS to discuss the issue. That meeting was held on Monday evening, June 19th, at the Governor's office.

Governor Romer made his feelings quite clear; he openend the meeting with the statement, "I speak very directly," adding that when he saw the news release on Saturday morning he was extremely displeased. Governor Romer reported the news release and subsequent comment implied that regardless of any such agreement he had reached with the government to provide monitoring of the plant, the resolution would stand, calling for "immediately" shutting down processing and production at Rocky Flats. The leadership of both organizations attending concurred that the Governor's agreement with the U. S. Department of Energy was, indeed, the right course calling for independent monitoring of air, ground and water quality surrounding the Rocky Flats Plant.

Both DMS and CMS stated that they had not previously had the opportunity to review any agreement between the State of Colorado and the DOE, but upon the Governor's presentation of the aagreement during that June 16th meeting they were reassured. The physicians attending also agreed that both organizations continued to support Governor Romer and the Colorado Department of Health in their pursuit of safety assurances at Rocky Flats.

Colorado Medical Society stands by its resolution of September, 1979, which calls for independent monitoring of safety standards at Rocky Flats, and for the earliest possible relocation of the plant to a more suitable environment.

Since the meeting with Governor Romer, CMS has been asked to participate in the ongoing Rocky Flats Monotiring Committee under the new DOE agreement.

An open letter to all CMS members

The members of the Colorado Medical Society Auxiliary, are asking you, as a member of Colorado Medical Society, to help us in our effort to raise money for the Hall of Life Health Education Center at the Denver Museum of Natural History.

There wil be 10,000 square feet of new, permanent health exhibits for public display opening soon, and we would like you to play a major role in our efforts. If every physician member of CMS were to donate $100, we could raie over $400,000. This would enable hundreds of thousands of children and adults to view the health education exhibits, the likes of which will not be found anywhere else in the United States.

Colorado is one of the few states that does not mandate health education in the schools, one of only five states that does not fund health promotion.

Now is the time for CMS members to contribute to this worthwhile project. The Hall of Life needs your support as a Colorado physician. Thank you in advance for your contribution. Please make your check payable to Colorado Medical Society Auxiliary (CMSA). If you have any questions, call the CMSA offices at 779-5455. Ask for Mary Jane Newens. Better still, complete the form below and return it with your check to the address shown.

In addition, why not plan now to attend our **November 10th Grand Opening** benefit at the Denver Museum of Natural History, featuring an opportunity to enjoy cocktails and hors d'oeuvres whileviewing the all-new exhibits, a seated dinner in the Atrium and special guests. Reservations may be made for $200 per couple. A $1,000 donation will reserve a table for 8 persons, with your name or your company name in the program. We look forward to your becoming a contributor to this project, providing scholarships for students and schools unable to afford the Hall of Life's low admission fee.

Some Important Facts . . .

about the Hall of Life's new health education center at the Denver Museum of Natural History:

- **Grand Opening - November 10, 1989**
- Exhibit display area covers 10,000 square feet
- Located in the North Atrium, second floor
- Served over 90,000 people in health education classes during 1987-'88 year
- Featuring the most advanced exhibit design of any such center in the U. S.

YES. . . enclosed is my $_____ contribution to health education through the HALL OF LIFE and CMS Auxiliary.

Name _____

Address _____

City _____ State _____ ZIP _____

Make check payable to CMS Auxiliary, and send with this form to **CMSA, P. O. Box 17550, Denver, CO 80217-0550**

COLORADO MEDICINE CONTENTS SURVEY

Practice Management Help and CMS activities top space allocation chart

When you open a magazine looking for something in particular and you don't find it, that tends to create the impression that the magazine is not publishing the type of item you want to see. On the other hand, when you publish a magazine, it is easy to get defensive about the completeness of coverage on some topics or the lack of interest in coverage of others. Both problems are caused by subjective impressions, rarely, if ever, supported by hard facts. *Colorado Medicine* decided to remedy that lack of support. We have surveyed the past fiscal year's editions of *Colorado Medicine* (October 1, 1987 through September 30, 1988, inclusive) and categorized the articles and announcements by subject matter. Herewith are the results.

Because of our methodology, the raw numbers require a little explanation. The magazine deals with different subjects in differing manners and even with the *same* subjects in differing manners on different occasions. We try to give each item the best coverage possible. One time that may produce a lot of information arranged in neat columns. Another, it may mean a big, bold announcement with few words but a lot of impact. It may even require (in our judgement) a special section or supplement.

Trying to analyze these factors may be a little like adding apples and oranges, but they do have one thing in common: they take up space.

Magazine space can be measured by the word, but that wouldn't give a good comparison between the impact, for instance, of a feature article and a dramatic announcement. Nor would it tell us what priority we had given to a particular subject compared to others, as they might be in different formats.

Another way of measuring magazine space is by the column inch. That is one inch of vertical space, one column wide. Since we pay for publishing services by the page, not by the word, this yardstick gives us a better indication of our use of space for one topic, relative to others and to the total magazine.

In the accompanying table, you'll find listed the total number of column inches dedicated to a particular subject, followed by the percentage it represents of the total published during the year. The totals will not add up to 100% since some items were not included in the count, such as advertising, covers, miscellaneous articles and the like. In addition, a few items had to be counted twice, as they would not fit neatly into one category. For instance, a report on the AMA lobbying HCFA on behalf of physicians appeared in both the AMA category and the HCFA category. This is fairly rare, but it did happen a few times.

Something else to note is that several of the categories overlap, or could be components of an overall category. Medicare information and HCFA information, for instance, were sometimes placed in one category, sometimes in the other, depending on what seemed to be pre-eminent in the article. If one category seems undervalued, other aspects of that topic may appear in another category.

CATEGORY	# OF COLUMN INCHES	PERCENTAGE
Practice Management Issues	1,518	10.3%
CMS activities	1361.5	9.2%
CMS programs	746.5	5.1%
Doctor-to patient information	673	4.6%
Auxiliary	666	4.5%
Legislative issues	660.5	4.5%
CMS Councils & Committees	599	4.1%
CMS members	576.5	3.9%
Medicare & MAAC	463	3.1%
News for Physicians	460	3.1%
AMA	438.5	3.%
Personal enrichment & help	391.5	2.7%
Medico-legal issues	379	2.6%
CMS Directors	371.5	2.5%
Medico-political issues	348	2.4%
Regulatory issues	295	2.%
Component society information	255	1.7%
HCFA	208.5	1.4%
Allied health care services	127	0.9%
Hospitals	75	0.5%

Expenditure Targets = Rationing

The Canadian experience with ETs should serve well to alert Congress, physicians, and patients in the U.S. to the unworkable nature of ETs for the U.S. Reports from Canada in those provinces with ETs point to disturbing and unacceptable developments: growing waits for necessary consultations with specialists, and surgery; degrading conditions for elderly patients in some hospitals; and in some cases, unnecessary and premature death while "queueing up" for treatment by surgeons constrained by the "target" from operating in time.

Expenditure targets (ETs) would inappropriately force physicians on a case by case basis to make unconscionable decisions about withholding necessary services to patients.

Congress has received a specific recommendation from the Physician Payment Review Commission (PPRC) to enact ETs for FY 1990.

The PPRC approach (a national physician services target) would link the overall target to economic growth on a yearly basis, with each policy variable (price, volume, new beneficiaries) set in relation to the aggregate overall target and predetermined growth levels. If U.S. physicians in the aggregate exceed the target in any one year, **fee schedule updates would be lowered or eliminated** in the following year at a minimum. Fee rollbacks are a distinct possibility if a target is not met.

In its recent report to Congress, the PPRC indicated that effective research, practice guidelines (parameters), and more comprehensive utilization and quality review could play a rational role in volume constraint. Aggressive activities in these areas would totally negate the need for ETs.

AMA Position

AMA supports the PPRC call for increased funding for the development of practice parameters by the private sector. AMA strongly supports the development of clinically relevant parameters that are designed to ensure that patients receive appropriate medical care. The AMA is actively working with the Rand Corporation and the national medical specialties to develop parameters. Continued research will benefit patients, as well as Medicare, and will enable the program to continue to meet its commitment to the elderly.

Self Referral

A greatly modified approach for dealing with questionable self referral practices emerged from the Subcommittee on Health of the House Ways and Means Committee June 15. By a 7-3 vote Members decided to "grandfather in" all existing self referral arrangements while requiring new ones to satisfy pre-approval standards to be established by the HHS Secretary. The compromise provisions were worked out since there has been only limited support for the highly restrictive proposal, H.R. 939, that was developed by Rep. Fortney "Pete" Stark (D-CA), Chairman of the Subcommittee. His bill, which has been widely criticized because of its extreme prohibitions, would have placed a virtual ban on self referral arrangements. AMA and other medical groups have stated that certain provisions of that bill would be detrimental to improving the quality of patient care and providing access to it.

C/M returns to monthly edition effective July 1989

Based on survey results, **Colorado Medicine** is returning to one issue per month, effective this month,. Our readership survey in November, 1988, indicated a strong preference for a single issue with a late-breaking news section devoted to items of immediate interest. Information preference has not changed (as noted in what we have been printing over the past year)so we'll devote our energies to making **Colorado Medicine** more enjoyable to read while keeping the same balance of practice information. Each month will carry some standard sections, such as The Lobby, the President's Letter, COPIC Comment, etc.; but there will be new sections clearly delineated and appearing on a less-frequent basis. For example, Hospital Medical Staff Section and Young Physician Section reports.

Our primary emphasis in re-styling this magazine is to make the information more readable and easily applicable to your practice. We do respond to your interests and your comments, so let us hear from you. Remember, you, the member, are our ultimate consumer. Our primary job is to help you in your personal and practice lives.

Colorado Medicine remains the principal source of practice information for members of Colorado Medical Society, representing the highly-professional CMS staff reporting on all issues of medical practice concern.

Bill Pierson, Managing Editor



Thomas Balkany, MD, Chairman Council on Legislation
and
Carol Tempest, Director Department of Government Relations

The annual voting record of the legislators is on its way to you and needs some explaining or at least some analyzing. Some of the ever faithful voters maintain their usual high percentages; others have dropped from 100% to 30 and 40%; legislators who have never had a break-even "report card" are suddenly at 100%. Much time has been spent in re-calculating, shaking heads, and then analyzing the year.

We have told you before that the 1989 legislative year had no single bill of such importance that it unified physicians, that our important bills were not questionable, and that some bills of interest to physicians had emotional overtones that crossed professional and political lines. The entire Senate voted on every one of the 16 bills selected for this year's report card and left it up to House committees to kill 5 of them. Thus the Senate members are ranked on 16 bills and most House members on 11. The House leadership no longer had a Rules Committee and thus used carefully selected committees to kill bills. The bills killed by committees were tough ones - motorcycle helmets, tobacco in retail food outlets, insurance for uninsurables, and a limit on damages recoverable by publicly supported patients; and the vote of the entire House would have changed many "report card" totals. Remember too that conservatives philosophically oppose bills that restrict personal freedom (motorcycle helmets and tobacco), religious freedom (the right to refuse artificial nutrition and the Christian Science/child abuse bill), and oppose big spending (insurance for uninsurables, etc.) - all bills that CMS espoused. And know that your Government Relations office had many, many phone calls from you and letters on both sides of these issues - and so did the legislators. So please analyze the votes with care - and recognize the legislators who didn't falter - Senators Sally Hopper (R), Golden and Claire Traylor (R), Arvada, and Representatives Don Ament (R), Iliff, Norma Anderson (R), Lakewood, Ken Chlouber (R), Leadville, and Betty Swenson (R), Longmont, but acknowledge the rationale for faltering and recognize the new friends with a special thank you - they are pleased with themselves!

We promised you the final tabulations on bills not yet acted upon when the last Colorado Medicine Lobby article was written.

SB 29, Treatment of a Child Based on Religious, Spiritual, or Personal Beliefs (Owens -R- Aurora): Became law upon signature of the governor.

SB 34, Improvement of the Statewide Emergency Medical Services, and Creating an Emergency Services Fund (Traylor -R- Wheat Ridge): Became law with funding achieved by the creation of a new account in the Highway Users Tax Fund.

SB 62, Establishment of a Central Registry for Victims of Alzheimer's Disease (Gallagher -D- Denver): Lost after much amending.

SB 122, Physician Professional Review Proceedings (Wham -R- Denver): Was re-introduced in its amended form as SB 261 and was easily passed by both chambers in five days. Became law.

SB 193, Creation of the Colorado Uninsurable Health Insurance Plan (Traylor -R- Wheat Ridge): Killed by the House Appropriations committee on the last day of the legislative session.

SB 197, Prescribing of Drugs Under an Open Drug Formulary Under the "Colorado Medical Assistance Act" (Winkler -R- Castle Rock): Killed by the Senate Appropriations committee with the promise by the Joint Budget Committee members to re-study it as part of the Social Services budget next year.

HB 1089, Medical Benefits of Pregnant Women and Children Covered Under the "Colorado Medical Assistance Act" (Taylor-Little -R- Arvada): Became law with the governor's signature.

Legislative interim study committees have begun meeting, and they will again be working on solutions to the problems in the Workers Compensation system and the medical indigency situation. Perhaps some magic answers will appear although the first meeting certainly did not portend this. Senator Traylor is already working on a bill to insure uninsurables and a repeat effort at regionalizing indigent health care delivery. Telephone calls are being received from people wanting to be considered for the insurance commissioner's job, and a number of current state legislators have announced for or are looking at congressional candidacy and want the backing of CMS (and the money of AMPAC). Their decisions have come extremely early which casts a different light on legislator behavior and expectations. This promises to be humorous but difficult.

Please do yourselves and us a favor and mingle with your legislators as much as possible while they are home in the next six months. Health care costs are becoming more frightening to them by the minute, whether because of newspapers, TV, or personal experience. The Canadian system, especially, looks better by the minute. Each effort you make will pay big dividends because despite their complaints, they like and respect you.

CMS GOES TO WASHINGTON

October 3 - 7, 1989

Join Your Colleagues and Register Now

Preliminary Program

Tuesday, October 3

7:30 AM Leave Denver via U. S. Air Flight 84

2:20 PM Arrive at Washington National Airport Evening free

Wednesday, October 4

8:30 AM Legislative Briefing by AMA Lobbyists

9:30 - 12 Noon Visits with Colorado Congressmen

12 - 1:30 PM Luncheon with Health Aides - Colorado Congressional Offices

1:30 PM Registration for AMA Political Education Conference

Preparing for what lies ahead for health care concerns is as important a measure as preventive medicine itself. But just as in every other aspect of life, the word must get out before the message is fully understood.

AMA's Washington Conference Preventive Politics: Preparing for the 1990s is the only meeting available on a national scope that can help you, step by step, address medicine's concerns as well as provide substantive experience. This conference offers nuts-and-bolts sessions - from grassroots techniques to speaker training, coalition building to "get-out-the-vote" efforts - along with the legislative information necessary to present yourself as an informed and politically valuable representative of the medical community.

The conference begins the afternoon of Wednesday, October 3 and runs through the evening of Thursday, October 4. Registration includes a congressional reception for all U. S. Congressmen, and a dinner highlighed by a performance by "The Capitol Steps", a political/satirical song and dance troupe.

Friday, October 6

11:40 AM CMS Travel Package #1 Participants depart Washington at and

2:30 PM Arrive in Denver

CMS Travel Package #2 Participants: Free day to visit the sites of Washington, D. C. and the surrounding area.

Saturday, October 7

11:40 AM CMS Travel Package #2 Participants Depart

2:30 PM Arrive in Denver

Also... Don't Miss... AMPAC Constituent Skills Workshop Sunday, September 17th 8:30 - 4:30

A unique opportunity for all CMS and CMSA members to examine the political environment as it relates to medicine. Learn how to develop a high quality relationship with lawmakers, communicate effectively and become a political player on behalf of medicine.

The workshop will be conducted by the nationally-recognized Michael Dunn Associates, and promises to be one of the highlights of the 1989 Annual Meeting. Don't miss it!

PRELIMINARY REGISTRATION FORM

CMS Travel Package #1: Return to Denver on Friday, October 6; includes three nights lodging at the Sheraton Washington.

CMS Travel Package #2: Return to Denver on Saturday, October 7; includes four nights lodging at the Sheraton Washington.

Both packages include airfare to and from Washington, registration fee for the 1989 AMA Political Education Conference, private congressional reception, breakfast, lunch and dinner on Thursday, October 5. Cost: $1,050

Special trip packages (beginning at a cost of $1250 for 2 persons) can be tailored to the needs of CMS members wishing to have their spouses and/or families accompany them. Contact your Government Relations staff at 1-800-654-5653 or 779-7455, Ext 310.

Additional registration information will be forwarded upon receipt of this form.

NAME: _____

ADDRESS & TELEPHONE _____

Please register me for: (check one)

❑ CMS Travel Package #1

❑ CMS Travel Package #2

Return this form to: Dept. of Government Relations Colorado Medical Society PO Box 17550 Denver, Colorado 80217-0550

Robert G. Chapman, M.D., Director, Belle Bonfils Memorial Blood Center, Denver, Colorado

The Safety of Blood Transfusions

The AIDS epidemic which began in 1978 has led to a greatly shaken confidence in the safety of blood transfusion. Between 1979 and 1985 when anti-HIV-1 testing was begun, perhaps as many as 12,000 blood transfusions transmitted HIV infection to recipients in the United States. Many of these individuals are just now developing AIDS, the disease resulting from HIV infection. It is no wonder that patients are very worried about transfusions. Is this worry justified? What are the current risks of AIDS and other infections from this therapy?

Hepatitis

Hepatitis has always been the greatest infection risk in blood transfusions. This risk has been greatly reduced by using only volunteer, unpaid donors, and screening all units for hepatitis B surface antigen, core antibody, and level of ALT(SGPT). Deferral of gay males, a group at high risk for hepatitis as well as HIV, has added further protection. Non A, non B hepatitis is the greatest risk but hepatitis B still occurs despite the tests for its markers. Studies in the late 1970's indicated a hepatitis risk of about 2% per unit. Recent data suggests this has been reduced to about 0.2% or 1 in 500. A very promising test for antibody to the commonest non A, non B virus should further reduce this risk. We expect this test for what will be called hepatitis C antibody will be available next year.

HIV (AIDS)

The risk of HIV infection, perhaps as high as 1% in certain high risk cities in the early 1980's, was about 1 in 5000 in Colorado at that time. Now that all donations are screened for HIV-1 antibody, the risk is extremely low. It is important that your patients recognize that cases they now about resulted from transfusions given before the summer of 1985. The risk of HIV-1 now is about 1 in 40,000 in areas where one donor in 10,000 tests positive. In Colorado, where we have found only two donors positive in the 150,000 tested at the regional blood center in the past two years, we can estimate our risk at about one in 300,000. This risk is primarily from donors who are too early in their HIV-1 infection to have developed the HIV-1 antibody response for which we test. You cannot promise patients that there is no risk of HIV-1 in transfusions, but the risk is now far lower than the risk of other therapy, such as anesthesia.

Other Infections

Other blood transmitted infections include cytomegalovirus, EB virus, syphilis, and malaria. These are rare, tested for, or not a problem because of common natural immunity. It is important, however, in immune deficient or pregnant patients not immune to CMV to ask the blood bank to select CMV-negative blood units for those not already infected with this common virus. In December, 1988, testing for another retrovirus, HTLV-I, was begun to protect transfusions from one more potential but rare cause of the diseases acute T-cell leukemia and tropical spastic paresis.

Autologous Transfusions

Viral Infections from blood can be avoided by receiving one's own blood donated shortly before elective surgery. Scheduled operations where there is any likelihood that blood might be needed present the ideal opportunity for such self or autologous donations. These donations must be arranged a week or more in advance. During the month before surgery, three or four units of blood can be donated by a patient with a normal bone marrow who is given an iron supplement. Doctors who see such patients have an obligation to inform them about autologous donations. Contact your hospital blood bank for information on how to order the number of units needed or to discuss special problems.

Autologous donations are not for everyone. Donors can faint and serious coronary or cerebro-vascular disease or aortic stenosis could present great risks. Any bacterial infection which cause bacteremia can infect an autologous blood unit which can then become lethal upon storage before use. Senior age is no limit, but very small size in children or very poor veins in anyone will present problems.

Correction

In the May 15 issue of ***Colorado Medicine*** (p. 176) we reported that a 1990 ballot proposal would raise the tax on cigarettes from $.20 to $.25/package. In reality, the proposal is for a 25¢ increase in the tax, bringing the total to 45¢ per pack.

David McLarnon, PT
and
David Greenberg, MD

A Broader Approach to Reducing Back Disability

Recent research efforts have improved our understanding of low back pain and its effect on our society. The following list highlights some pertinent statistics gleaned from the literature.

- 50% to 80% of the working population in the United States will have an episode of back pain.
- 85% of the time, physicians are unable to verify an anatomic cause for complaints of back pain.
- A total of 80% to 90% of low back pain attacks recover in about six weeks irrespective of treatment.
- Of those employees unable to work for more than one year because of low back pain, only 25% return to productive employment.
- Awards for back disability have increased 2,700% from 1956 to 1976, according to statistics from the Social Security Administration.

The data reflect also the fact that, although low back pain appears to be a widespread and normal occurrence in our lives, disability from the condition is on the rise. This fact suggests that conventional medical care for low back pain has failed. If we are to stem this epidemic, all medical practitioners will need to reevaluate their treatment philosophies. The following material is presented to assist the physician in planning a treatment program for patients with low back pain.

Exercise in the Acute Stage

No research has demonstrated that more than three days of bedrest is helpful in treating back pain. In fact, bedrest has the disadvantages of deconditioning muscle and reducing bone density. We have found that it's worthwhile instead to concentrate on prevention of deconditioning, which we achieve through fitness training. A study of firefighters has shown aerobic conditioning to be effective in reducing disability. It is also know that fitness training leads to improved heart-lung function, self esteem and mental alertness.

Acute injury care should then include an appropriate period of rest followed by progressive reactivation of the patient as quickly as possible. Exercises to maintain and improve spinal extensor muscular strength and endurance have also been found to be helpful in reducing back disability. Appropriate referral to a physical therapist will aid the patient in establishing and increasing this conditioning regimen.

Impairment vs. Disability

Impairment is defined as the measurable consequence of pathology taken as a disruption of physical or mental integrity. Disability, on the other hand, is defined as the social consequence of the patient's functional limitations. Disability is related to underlying impairment, but there may be considerable difference between individual patients. The patient's attitudes and illness behavior all impact on disability.

The American Medical Association in its Guidelines to the Evaluation of Permanent Impairment (1984) draws a firm distinction between disability and impairment. The AMA position states that physicians must "refrain from speculating about nonmedical consequences of an impairment. Additionally, it is not possible for a physician using medical information alone to make reliable predictions about the ability of an individual to perform tasks or meet functional demands."

Functional Capacity Evaluation

The functional capacity evaluation (FCE) will provide the physician with invaluable data on a patient's functional limitations. An FCE is a test of the patient's physician abilities in many work related tasks, in which the patient's symptoms and limitations are corroborated through observations of function. The statement, "the client is unable to lift more than 40 pounds from the floor to the waist" is an example of a functional limitation.

The test also includes testing for nonorganic physical signs and maximal voluntary effort. These procedures help to identify those patients requiring a more detailed psychological assessment. According to Gordon Waddell, an internationally known orthopedist specializing in back injuries, medical treatment often is influenced more by the patient's illness behavior than by the physical disorder. Without objective data on the patient's function, we are left with only the patient's subjective complaints to gauge functional status and progress. A properly performed FCE

"A Broader Approach to Reducing Back Disability"

...continued from previous page

will produce this data for the physician.

Alf Nachemson, M.D. recently presented results of his experience with the Volvo Corporation of Gothenburg, Sweden, at the 1989 American Academy of Orthopedic Surgeons. His data demonstrate that low back disability can be prevented through the use of an interdisciplinary approach stressing functional capacity evaluation, fitness training and "back school" education. His activation group was compared to a control group receiving nonspecific passive back care. The results were striking. Return to work was nine weeks earlier in the activation group when compared to the control for the males and one week for the females. A follow up survey two years later showed that work sickness was sixteen weeks less in the activation group than the control. Dr. Nachemson found that pain behavior had also diminished significantly in this group. His study demonstrates that an interdisciplinary treatment approach can produce significant reductions in low back disability.

In summary, we must reevaluate our approach to the treatment of low back pain and disability. Nachemson's work has scientifically demonstrated that low back disability can be prevented by providing a team approach. Physician and occupational therapists have a key role to play in assisting the physician to manage this challenging problem. Their participation will help ensure the success of efforts to direct the injured individual from a patient to a worker role.

Mr. McLarnon is a physical therapist specializing in back rehabilitation and work capacity evaluation. He is President of the Denver Occupational Conditioning Center (DOCC)

Dr. Greenberg is an orthopaedic surgeon specializing in occupational medicine and co-founder of DOCC. He is president of the Colorado Orthopedic Society.

CMS Challenged on (Pro-Choice) Resolution 23P

To The Editor:

Recently The American Medical News (5-12-89) reported that the Colorado Medical Society has voted to oppose interference by the federal and state government in a patient's decision to have an abortion.

As a member of the Colorado Medical Society, I would like to state that this policy does not reflect my beliefs of practice nor that of many others in our profession in Colorado. I was not at the meeting when this resolution was passed (nor did I receive notice of a pending resolution) and so I can not comment on the specific politics or procedures in its passage. However, I am well aware that organized medicine tends to look at many serious moral and ethical issues facing us, i.e. abortion, fetal tissue transplant, infanticide, living wills, assisted suicide, euthanasia with a pragmatic, utilitarian and self-serving perspective. It often fails to recognize "the deep divisions in our perceptions of the origins and meaning of human life and the degree of our dominion over it, as well as the dichotomy between theological and utilitarian ethical systems. Before public policy is formulated on such sensitive issues, it behooves every responsible person to examine the arguments on both sides critically and fairly."[1]

"Medicine's role with respect to changing attitudes toward abortion may well be the prototype of what is to occur...one may anticipate further development of those roles as the problems of birth control and birth selectives are extended inevitably to death selectives and death control whether by the individual or by society."[2] In other words if we can terminate the life of the unborn because its quality of life is diminished or it is unwanted; we can apply this same logic and ethic to any other stages of life and for the same reasons terminate it. (There is no question that there has always been a recognized distinction between ceasing useless treatment and active, willful taking of life). The parallel between abortion and euthanasia is obvious. Therefore the formulation of policy in regard to abortion may logically be applied to medical killing at any time in the spectrum of human life.

In regard to the specific policy that abortion is always medical intervention for the purpose of terminating a pregnancy; then we must regard pregnancy as a disease, the fetus as a parasite, and abortion as a form of treatment. Certainly this turns what we know medically, morally and ethically to be true, on its head.

I sincerely urge the society to reconsider this resolution (23p) rather than allowing it to stand as the policy of CMS.

Sincerely,

Frank P. Bolles, M.D.

Note

1. Pellegrino, E. Ethics. JAMA 1989,261:2844

2. Editorial. A New Ethic for Medicine & Society Calif. Medicine 1970,113:68

Marilyn Barton, CMS Staff
Laurie Shroyer, Manager, Colorado Indigent Care Program

The Colorado Indigent Care Program: An Update

Background

The Colorado Indigent Care Program is a State funded program to provide partial reimbursement to health care providers for health care rendered to Colorado residents with limited resources.

Programs supported by this program include the Denver Indigent Care Program (DHH), the Health Sciences Center (UCHSC) Indigent Care Program, and the Community Maternity Program (CMP). All providers in the 1989-90 program will be under contract the the UCHSC.

The statute clearly states that the Indigent Care Program is not an entitlement program, and patients are subject to limitations and requirements. Medicaid patients are not normally eligible. Eligibility guidelines are based on financial resources criteria which include definition of family size, income, assets and liabilities.

Eligibility and Benefits

Providers in the Indigent Care Program (not including CMP providers) agree to provide at least emergent/urgent care to medically indigent patients throughout the contract year subject to a uniform financial eligibility criteria. The actual services covered vary by provider (given general established program covered service limitations). Each provider's covered services are established as part of the contractual process.

The statute which defines the Indigent Care Program states that participating providers must be licensed by the State Department of Health as a general hospital, a community health center, or a maternity hospital. Health Maintenance Organizations may also be providers in the Out-State and Specialty Indigent Care Programs. Home health agencies may serve as providers of Community Maternity Program services. Individual physician may not participate as a direct provider. If the licensed hospital or community health clinic chooses, their facility's physicians may participate for services performed on site.

At present, the only statutory limitation on covered services is abortion. New guidelines for 1989-90 mandate that services must be deemed as medically necessary and may not include the following (unless deemed medically necessary):

1. Dental Services
2. Nursing Home Care
3. Chiropractic and Podiatric Services
4. Sex Change Surgical Procedures
5. Cosmetic Surgery
6. Experimental and non-FDA Approved Treatments

The majority of inpatient and outpatient services will remain covered services of this program.

The Community Maternity Program provides inpatient hospital and physician obstetrical care (maternal and newborn care) to medically indigent women close to their home community. It encourages early discharge when feasible and allows for home follow up. The women must meet the same financial resource criteria as for all other programs and must also meet medical risking criteria. Hospitals and physicians are reimbursed based on a combined capitation payment system. Maximum payments range from $1508 (vaginal delivery) to $2910 (cesarean section or D&C).

Funding and Reimbursement

Participating providers receive either a predetermined level of funding, as is the case for DHH and UCHSC, or funding of the State appropriation which is prorated based on incurred expenses for medical services rendered over the course of the contract year and the number of participating providers. Reimbursement in the Out-State and Specialty Programs is volume sensitive. The General Fund allocation is fixed so an increase in participating providers or in activity levels will bring the dollar reimbursement down.

For fiscal year 1989-90, the appropriations for the various programs will be as follows:

Denver Indigent Care	$ 12,064,427
Health Sciences Center Indigent Care	11,468,807
Specialty Indigent Care	1,389,078
Out-State Indigent Care	7,058,474
Community Maternity Program	3, 349,705
Total	$ 35,330,491

Based on preliminary 1988-89 February reconciliation data, providers in the 1989-90 Out-State Indigent Care Program are projected to be reimbursed at 33%. The Specialty Indigent Care Program is reimbursed approximately 36% of costs. The Denver Indigent Care Program (DHH) is reimbursed at approximately 42% of actual costs. The Health Sciences Center Indigent Care Program is reimbursed at 59% of costs.

Changes for 1989-90

The Program administration has instituted improvements in 1989-90 program year as follows:

(a) improved provider audit guidelines (which will furnish the UCHSC with a separate audit report that attests to the specified provisions of the contract and the Ability-To-Pay Manual);
(b) a prenatal package pricing program (which is designed to reduce financial barriers to access to care and to provide prenatal care early in a pregnancy);
(c) consolidation of the Community Maternity Program administrative activities (within the auspices of the existing Indigent Care Program administration);
(d) the provision of all patient information in both English and Spanish; and
(e) a new AUTORATER computerized system (which will reduce the administrative costs associated with screening and rating patients. This system will reduce the training and expertise required by provider staff to conduct a rating and produce rating reliability to provide equal treatment of patients. This system will also offer a printout of financial data on the application for the patient and for the rater's signature.

Future Issues

The Medically Indigent Statute sunsets on June 30, 1990. The Joint Review Committee of the Legislature will be meeting over the next six months to evaluate the existing program and to decide on future legislation. This committee will be chaired by Representative Carol Taylor-Little.

Alternate methods of future funding, such as the ballot initiative which proposes a tax increase on tobacco products, are being considered.

Very important to the provision of health care to the medically indigent are the county and specialty societies who have initiated their own programs which are privately funded and staffed by volunteer physician, the health care for the homeless programs, and the initiatives funded by the U.S. Public Health Services.

Ultimately, the limitations of the system for providing health care to the medically indigent will not change until the public is concerned enough to be influential with legislators and other policy makers who may then decide that they wish to make major changes in the present methods of determining availability and delivery of health care.

CMS Sponsors Practice Management Seminars

Colorado Medical Society, along with Conomikes Associates Inc., will sponsor a series of five Practice Management Seminars, August 7-11, 1989. The seminars are to be held from 9 am to 4 pm each day at the Cherry Creek Inn, 600 S. Colorado Blvd. Cost is $145 per seminar, however there is a discount of $10 per seminar for any combination of 5 or more registrations from the same practice (includes 1 person registering for all five seminars or more than one person registering for any combination of five seminars total). Here are the seminar topics:

Monday, August 7 ----------Personnel Management
Tuesday August 8----------Patient Flow Management
Wednesday August 9----------Financial Management
Thursday August 10----------Advanced Coding and Collections
Friday August 11 ----------Computers in Medical Practice

For more information contact Sharon Ponder at (303) 779-5455 or 1-800-654-5653. ex. 306.

Injury in Colorado—Baseline Analysis

The Colorado Department of Health in collaboration with Kaiser Permanente and the Colorado Trauma Institute has just published ***Injury in Colorado—Baseline Analysis***. An overview of the report is printed below:

Injuries are the leading cause of death and disability in children and young adults. The National Safety Council estimates that the complete cost of injury to our nation is more than $130 billion a year, including medical treatment and lost wages. Relatively little has been done in this country to prevent injuries and reduce their costly effects. Injury research receives less than two cents out of every federal health research dollar. However, injury is not an unsolvable problem.

Injury related deaths and disabilities are tragic, not only because they take such an enormous toll on our society and especially our young, but because they are largely preventable. Since the events are not random, an injury is no accident. Every person does not have the same probability of incurring an injury. According to the Centers for Disease Control, at least 85 percent of unintentional injuries (injuries excluding suicide and homicide) are predictable and therefore preventable. In addition, intentional injuries (suicide and homicide) are preventable in large measure. These injuries include child abuse, domestic violence, rape and assault.

Injury in Colorado—Baseline Analysis, provides the first essential step towards preventing and controlling injuries in this state. This work defines the scope of the injury problem in Colorado and will be used as a foundation for planning, to increase awareness of the severity of injury in Colorado and to design and evaluate intervention strategies.

"Injury is not an unsolvable problem."

Methods and Sources of Data

This report includes information in injury mortality, morbidity, trends and costs. The data come from available sources, such as death certificates, hospital discharge records, motor vehicle traffic accident reports, the Colorado Population Based Occupational Injury and Fatality Surveillance System, trauma registry cases, and the Spinal Cord Injury Early Notification System. Each of these sources has a unique format for gathering and displaying information, as well as varying definitions and assumptions. Therefore, although standardization of format was done where possible, the reader should be careful to not labels for each set of data. For example, most of the data in this report is by place of occurrence summarizing the number of injuries that occurred in Colorado. When rates are presented, they are most often calculated using resident data per resident population. Better denominators are used when available, as with vehicle miles travelled for motor vehicle crash rates and employed population for occupational injury rates.

Readers are also cautioned that definitions and completeness vary by data source. In particular, a liberal approach was taken in analysis of the causes of injury hospitalizations, based on recommendations from the Technical Advisory Committee.

Highlights

The results presented in the report highlight important statistics from *Injury in Colorado* to answer the questions of how many Coloradans suffer injuries each year, where injury ranks compared to other health problems, how Colorado compares with the United States and neighboring states, how much injury costs in dollars and lost years of life, and which Coloradans are at highest risk for injuries.

Future Directions

This report is a beginning in the work of problem identification and epidemiological analysis of injury in Colorado. Future reports will add new data that become available, provide analysis of data related to specific types of injuries or injury issues that develop, track trends, and measure the impact of injury control actions in Colorado.

Several issues developed in writing this report. First, this report is a foundation for the goal of building data linkages in order to track a patient from the pre-hospital responder at the scene of injury through the rehabilitation process. In the course of creating this report, several barriers to the data linkages have been identified. Work has begun to resolve those barriers.

Second, the problem of missing external cause of injury (E-coding) on hospital discharge summaries has been quantified and strategies are being formulated to increase the numbers of E-codes) on injury related hospital discharges.

Finally, data sources on specialized registries are expected to expand in the next year. Two population based head injury surveillance projects and the increased participation of Colorado Trauma Institute members in the trauma registries will greatly enhance understanding of serious and potentially disabling injuries.

Injury in Colorado is an integral part of the goals and objectives of both the Injury Prevention and Control Program in the Colorado Department of Health and the Injury Prevention Network. The major goal is to institutionalize programs that can translate scientific data into community interventions. Progress will require (1) assuring data gathering and analysis, (2) establishing a statewide plan based on the data, (3) identifying the problems and testing strategies appropriate to those problems, (4) coordinating a variety of community based programmatic activities from the state level, and (5) establishing a basic minimum infrastructure that evaluates the results and modifies programs accordingly.

We look forward to comments from the reader as to how the report is used and how the data could be structured to be more useful. To obtain a copy of the complete report contact:

Injury Prevention and Control Program
Colorado Department of Health
(303) 331-8431
or
Health Statistics Section
Colorado Department of Health
(303) 331-4885

COPIC COMMENT

.....DO YOU REMEMBER?.....

1975, when in the heat of the "malpractice insurance crisis" of that year, virtually all the commercial insurance companies left California—forcing the physicians in that state (and elsewhere) to provide their own coverage?

1982, when the commercial carrier in Colorado flatly refused to continue negotiating with CMS toward a relationship which would have granted to physicians greater control of their liability insurance program and greater participation in any profits in the program?

1985, when the U.S.'s largest medical malpractice carrier ceased writing new business in our state?

1986, when two commercial carriers—within weeks of each other—announced both their withdrawal from Colorado and astronomical price increases for their coverage and tail premium charges?

Spring 1989, when the same commercial carrier which ceased writing new business here announced its return to Colorado, with rates now down 25%—"due to decreased frequency of claims", and despite their notation of continuing worsening of severity statistics?

PROFESSIONAL LIABILITY INSURANCE COVERAGE IS CYCLICAL BY ITS VERY NATURE. FOR PRACTICING PHYSICIANS WHO PLAN TO REMAIN IN COLORADO, LONG TERM STABILITY, CONTINUOUS AVAILABILITY AND PRICING BASED ON EXPERIENCE WITHIN THIS STATE PRESENT THE BEST OPTION FOR COVERAGE AGAINST THIS RISK.....COVERAGE WHICH CAN B E ASSURED ONLY BY THE COMPANY OPERATED BY LICENSED COLORADO PHYSICIANS—COPIC!

Retirement Can Be Attractive, Enjoyable and Rewarding. . . If You Plan It Right

Have you thought about retirement? Have you been approached (and confused) by the many invitations of financial planners, estate planners, insurance salesmen, stock brokers, agents, business brokers, and friends who want to help you plan for your retirement?

Colorado Medical Society Auxiliary's members have started what many hope is a continuing trend: organize and conduct retirement planning seminars, featuring authorities on the many subjects which have to be considered.

Just such a seminar is coming up at the CMS/CMSA Annual Meeting in September at Vail. The seminar is going to delve into the mysteries surrounding annuities, single-premium life insurance, investments in stocks and bonds, family insurance protection, selling your practice, closing your practice, limited partnerships, personal health, personal and family happiness and participation in retirement.

CMSA already held one seminar (at the 1989 Interim Meeting) and it was highly successful. Comments such as "We would like more in-depth talks regarding selling practices"; "Glad you included other aspects of retiring besides financial planning"; "This program was outstanding!"; "Good program, obvious need. Also a program dealing with health insurance issues would be helpful".

Watch for details of the Retirement Seminar to be offered at the Annual Meeting at Vail (see preliminary program in this issue).

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- Establishing a practice
- Practice management services
- Practice valuation
- Retirement/Succession planning

COLORADO MEDICAL SOCIETY - 1989 ANNUAL MEETING SCHEDULE
Vail, CO September 14-17, 1989

September 14, Thursday

12 - 5:00 pm	Registration
12:30 pm	Golf Tournament
12-2:00 pm	Physician/Patient Advocacy Lunch
1:00-2:00 pm	Copic Seminar - Surgery
2:00-3:00 pm	Copic Seminar - Obstetrics/Gynecology
2:30-4:00 pm	CSIM Training Session - Lab Regulations
3:00-4:00 pm	Copic Seminar - Pathology/Radiology
4:00-5:00 pm	Copic Seminar - Family Practice Medicine
7:30 - 9:30 pm	Congress of Medical Specialties
5:00-6:00 pm	How to be an Effective Delegate
5:30-6:30 pm	Peer Review Oversight Committee
6:30-8:00 pm	Welcome Reception

September 15, Friday

7-9:00 am	Unified Grievance Committees Breakfast
7-5:00 pm	Registration
7:30-8:30 am	Reference Committee Breakfast
8:30-9:00 am	Constitution/Bylaws/Credentials
9:00-9:30 am	House of Delegates
9:00-5:00 pm	CMSA Country Store
9:30-6:30 pm	Exhibits Open
9:30-11:30 am	CMSA Board Meeting/Lunch to Follow
10-12:00 pm	CMS Reference Committees (2)
12-1:30 pm	COMPAC Luncheon
1:30-3:30 pm	Reference Committees (2)
2-4:00 pm	CMSA Reference Committees
2-3:15 pm	Medical Informatics
3:30-5:30 pm	Reference Committees (2)
3:40-5:00 pm	AIDS Conference
4:00-5:00 pm	Judicial Council
5:30-6:30 pm	Exhibitors Reception
7:30-9:30 pm	HMSS
8:30-11 pm	COPIC Dessert Reception

September 16, Saturday

7:00-11:00 am	Registration
7:00-9:00 am	Young Physician section Breakfast
7:15-8:45 am	Component Societies Caucuses/Breakfasts
7:15-8:45 am	District Caucuses/Breakfasts
8:00-10:30 am	CMSA Retirement Seminar
8:00-12 pm	Exhibits
8:00-11:00 am	Registration
9:00-11:00 am	General Membership Meeting
11-1:00 pm	CMSA Friendship Luncheon
ll-1:00 pm	CMSA President/President-Elect Luncheon
11:30-1:00 pm	CMS Past Presidents' Luncheon
1:00-5:00 pm	Registration
1:00-5:00 pm	CMS House of Delegates
1:00-4:00 pm	CMSA House of Delegates
5:30-6:30 pm	CMS President's Inauguration
6:30-8:00 pm	CMS/CMSA Presidents' Reception

September 17, Sunday

7:00-9:00 am	Prayer Breakfast
8:00-10:00 am	CMSA Breakfast
8:00-4:30 pm	AMPAC Seminar
9:00-12:00 noon	ACEP Brunch/Educational Program
9:00-12:00 noon	Golf, Tennis, etc.
12:00 noon	Checkout

CMS Annual Meeting Commercial Exhibitors

The following companies and organizations have lent their support to the Annual Meeting by purchasing exhibit space.

Allscrips Pharmaceuticals, Incorporated
Blue Corss & Blue Shield of Colorado
Burroughs Wellcome Company
CIBA Pharmaceuticals Company
Colorado Army National Guard
COPIC
Glaxo Pharmaceuticals
Hallmark Nursing Center
Healthcare Communications
Healthcare Software Systems, Incorporated
Keith Proctor/Precious Gems
MegaWest Systems, Incorporated
Mile High Transplant Bank
Maryland Bank, N.A.
Mony Financial Services
Physician's Shared Services, Incorporated
Rocky Mountain Professional Consultants, Incorporated
The Doctors' Company
Russ Pharmaceuticals, Incorporated
Schering
Spectrum Emergency Care, Incorporated
The Boots Company, Incorporated
United State Life Insurance Company
Versyss, Incorporated
W.B. Saunders Company
Wixco Services, Incorporated
Wyeth-Ayerst Labs

The exhibits will be open on **Friday, September 15, from 9:00 am to 6:30 pm.** *There will be beverages provided during the day in the Exhibit area.*

The exhibits will be open on **Saturday, September 16, from 8:00 am to 12:00 noon.** *Beverages will be provided during the morning in the Exhibit area.*

Please stop by and thank these companies for their support. They are an integral part of the Annual Meeting by providing information and resources. Their presence enhances the overall quality of the Annual Meeting programs.

1989 Annual Meeting
The Westin Hotel, Vail
Hotel Reservation Information

If you plan to stay overnight at the Annual Meeting, reservations should be made soon. When calling or writing, please let the hotel know that you are with the ***Colorado Medical Society*** and attending the meeting to be held **September 14-17, 1989.**

GROUP: Colorado Medical Society DATE: September 13-16, 1989

THE WESTIN HOTEL, VAIL, GUEST ROOM RESERVATIONS
Print or Type
NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE _____

SHARING ROOM WITH _____ ❑ Indicate if room will be shared by a third adult: (over age 18) if so an additional charge will prevail.
One form per reservation PLEASE
Do not duplicate

SIGNATURE _____

Circle preferred rate below:

Accommodations	Courtyard	Mountain View	Premier	Premier w/ Frplc.
SINGLE (one person) DOUBLE (two persons)	$87.00	87.00	97.00	107.00
Accommodations	**Courtyard**	**Mountain View**	**Deluxe Mountain View**	**Presidential**
SUITES	$200	$245	$295	$450

Arrival Date _____
(Check in after 4:00 pm)
Departure Date _____
(Check out by 12:00 noon)
Time of Arrival _____
Reservations must be received by August 15, 1989.

*Room rates/types are available on a first come first served basis only. Rates do not reflect applicable tax, currently 8.2%.
Please include one night's deposit with this form. The Westin will accept only one of the following as means of payment:
❑ Check or Money Order (made out to the Westin Hotel, Vail) ❑ American Express ❑ Diner's Club ❑ MasterCard ❑ VISA
Credit Card No. _____ exp. date _____

- ✓ Include the first night's deposit with this form
- ✓ Cancellations less than 30 days before the meeting will forfeit 50% of your deposit.
- ✓ Requests for accommodations prior to and after conference dates will be dealt with by the Westin on an individual basis.
- ✓ All reservations must be received by **8/15/89**. All requests after this date will be accepted on a space available basis. Check in time is 4:00 pm. Check out time is 12:00 noon.

If you are mailing your reservation, please do so as soon as possible to:

Reservations
The Westin Hotel, Vail
1300 Westhaven Drive
Vail, CO 81657.

If you are phoning in your reservation, please call (303) 476-7111 or 1-800-628-7236.
Please make it clear that you are with the ***Colorado Medical Society*** so that you receive the special rate.

CMS Staff Provide Useful Medicare Information



Edie Register, CMS Medicare Program Manager, with assistance from Sandi Maloney, Assistant Executive Director, and Dolores Bennett of the CMS Western Slope office conducted general Medicare information seminars in Glenwood Springs and Aspen this Spring.

The seminars covered most of the important aspects of the Medicare program and participants came away with much useful information.

Edie is in the process of arranging more seminars throughout the state. Watch Colorado Medicine for details, and/or call Edie Register, Medicare Program Manager, (303) 779-5455 or 1-800-654-5653, ext. 321.



And Speaking of Medicare...

ANESTHESIOLOGISTS

With the recent transition of CPT-4 Surgical codes to anesthesia codes, a possible problem has come to our attention from the Medicare Carrier. If the anesthesiologist submits his/her claim to Medicare before the surgeon, it will probably be paid. If for some reason the surgeon's claim is denied, the carrier will recoup the money paid to the anesthesiologist. We don't feel this will be a big problem, but we wanted to let you know the possibility exists.

GRACE PERIOD FOR ICD-9 CODING

It has come to our attention that HCFA has extended the ICD-9 coding grace period indefinitely. Physicians are still required to use ICD-9 codes, but sanctions will not be enforced during the grace period.

The Carrier, Blue Cross/Blue Shield of Colorado, has been unable to provide CMS with a definition of indefinitely. With that in mind, we will assume the grace period will be in effect until further notice is received from HCFA.

CMS will update you on any further developments.

COORDINATION of MEDICARE BENEFITS

The liability insurance information published in the March Medicare Bulletin (MEDICARE COORDINATION BENEFITS), was incorrect. After a conversation with the Medicare Carrier, we were told that Medicare is primary when a liability situation exists. The claim form submitted must indicate there is a MSP liability situation and the name of the "other insurance company" must be present. If you have any further questions concerning this subject, please contact Ms. Edie Register at the Colorado Medical Society.

WORKERS' COMPENSATION MEDICAL FEE SCHEDULE Administrative Rule Fourteen Effective August 1, 1988

(Provided by Sandi Maloney, Assistant Executive Director, Physician Services)

TIMELINESS OF PAYMENT

All bills for services rendered by physicians, hospitals and other medical providers are due and payable in a timely manner, which shall be defined as within 45 days after the receipt of the bill by the insurer. Proof of receipt shall be by date stamp. If, under extraordinary circumstances, payment is not possible within this period, the insurer shall send to the provider the following information within 45 days after receipt of the bill by the insurer:

1. name of the claimant; 2. claim number and/or accident number; 3. date of service; 4. reason for payment delay; 5. expected date of payment;

If an insurer has not received a First Report of Injury, this must be communicated to the provider within the 45 day period. The bill may be resubmitted when the First Report of Injury has been supplied to the insurer.

For all bills which are properly submitted to the insurer prior to August 1, 1988, but still outstanding on August 1, 1988, the insurer shall pay the bill or inform the provider by September 15, 1988, as to why payment has been delayed and when payment can be expected.

Disputes regarding timeliness of payment shall be resolved by petitioning the Director under the Procedure for Declaratory Orders, except that the appeal process shall be as directed in CRS 8-53-111. The Procedure for Declaratory Order is contained in item (8) of this administrative rule. The provider shall identify the number of days over 45 days which have expired since the date of the billing for each date of service in question. The Director may assess penalties for lack of timely payment under the authority granted in CRS 8-53-116.

If you require additional information, please call Sandi Maloney at the Medical Society offices (779-5455) or (1-800-654-5653).

X-Ray Inspection Deadline

Medical facilities (including physician's offices, hospitals, clinics, etc.) will be subject to fines and/or penalties if their X-Ray equipment does not have a Colorado Department of Health Inspection certificate by June 30, 1989. (See article in ***Colorado Medicine*** of October 1, 1988, pp. 386, 387.) As of May 17, 1989 only about 40% of the nearly 2,600 machines in the "medical and chiropractic" category had been inspected.

An X-Ray machine should have an inspection sticker in a location visible to both the patient and the operator, according to CDH regulations implementing a 1988 law mandating the inspections. Machines must comply with manufacturer's specifications and state and federal radiation safety performance standards.

X-Ray machines are the largest source of manmade radiation exposure to the public, but the amount of that radiation can vary more than 100 fold, depending on the age and maintenance of the machine. Concern over poorly maintained equipment led to the inspection law, which requires that a qualified inspector (who does not work for the CDH) inspect the equipment yearly in the case of medical office and hospital machines.

For further information, contact David Gourdin in the CDH Radiation Control Division, (303) 331-8480.

NAM Chairman says Health Care Costs "out of control"

Health care now consumes more than 11 percent of GNP in the United States and could climb to 15 percent by the turn of the century, says **Richard E. Heckert**, chairman of the 13,500 member National Association of Manufacturers (NAM). In contrast, most European nations devote only 6 to 9 percent of their economies to health and there is no evidence that Americans are any healthier than citizens in countries that spend considerably less for health care.

"Perhaps the most basic cause of the problem," said Mr. Heckert, "is a system in which the party who pays the bill is not the party who receives the service." He advocates educating employees to become better consumers of health care services, noting that "health care expenditures are currently equal of 37 percent of net profit" among those surveyed in the manufacturing sector. "That's money that's not being spent on industrial technology, capital equipment or worker training."

Mr. Heckert did not place the blame for these problems in any one corner. He said that cost, quality and access issues must **all** be addressed, and by a

continued on following page...

NAM Speaks Out

(from previous page)

variety of sources. "Manufacturers and other businesses alone can't solve the problem. Nor can government, labor, providers or insurers. There is no one 'scapegoat' for the situation we find ourselves in, nor should we look for one."

Mr. Heckert noted that 99 percent of those businesses surveyed offer group health benefits to their employees, and 98% offer dependent coverage. He advocated several measures, including reform of the medical liability system, repeal of unrealistic nondiscrimination rules in Section 89 of the tax code and education of consumers of health care on how to buy effectively. He urged refinement of DRG payment systems, increases in managed care and other methods to "hold down costs and improve efficiency."

Colorado Trust Cosponsors Health Survey

Good News and Bad News

Colorado Action for Healthy People (CAHP) has a profile of the person at risk of serious health problems, thanks in part to a recent survey by that group, funded by matching grants from the Henry J. Kaiser Family Foundation and Colorado Trust.

"Overweight Coloradans who smoke, don't exercise, binge drink, then drive in cars without buckling their seatbelts, have nearly all the major risk factors for suffering injuries and developing chronic illnesses," says Susan Hill, CAHP Director, "But awareness is the first step toward action."

Dr. Tom Vernon, executive director of the Colorado Department of health says that high alcohol consumption, especially binge drinking, and lack of regular vigorous exercise are the two most common bad health habits in Colorado and these and other risky behaviors can lead to injury or early death. On the plus side though, a high percentage of persons answering the phone survey reported having annual physical checkups and cholesterol screenings; knowledge of or use of mammograms; concerns about weight control, salt intake and smoking; more frequent seatbelt use than in the past; and low incidence of uncontrolled high blood pressure.

Ms. Hill said, "This indicates Coloradans seem to be more and more aware of health risks and individual health monitoring." She said the results of the survey provide an effective tool for planning health policies and programs for health education, health promotion and disease prevention.

QUALITY INTERVENTION UNDER PRO

A Quality Intervention Plan (QIP) is a new aspect of Peer Review Organization (PRO) responsibility of which members must be alerted.

Here is pertinent information regarding QIP:

Effective April 1, 1989, all of the nation's 54 PROs were to have implemented the new provisions in the Health Care Financing Administration's Third PRO Scope of Work. The Quality Intervention Plan (QIP) is a new provision which has caused particular concern to physicians. Moreover, it has become evident that not all PROs have done a successful job of communicating the essence of the QIP to physicians. Therefore, the following information is being provided on the QIP to better respond to physician concerns.

The provisions relating to the Quality Intervention Plan are one of the more significant changes in the Third Scope of Work. The QIP is a prescribed plan by which each PRO is required to perform a quality review and implement interventions when quality concerns are identified. Under the QIP, once a quality concern is identified and confirmed, it will be assigned a weight by a PRO physician based upon the degree of harm or potential for harm to the patient, i.e. according to a three level severity index. Each severity level has an assigned weight: a weight of 25 for a level III problem, a weight of 5 for a level II problem, and a weight of 1 for a level I problem.

The three levels are defined as follows:

Level III: Medical mismanagement with significant adverse effects on the patient.

Level II: Medical mismanagement with the potential for significant adverse effects on the patient.

Level I: Medical mismanagement without the potential for significant adverse effects on the patient.

Each quarter, the PRO will profile the total weights accumulated for reviews completed in that quarter for each physician or provider. The total weight will determine the type of corrective action to be implemented.

When the quarterly profile shows

that a particular physician or provider has a total weighted score of 3 or more, the PRO must initiate corrective action. The type of corrective action to be implemented depends on the assigned weight and trigger level. The six types of interventions and trigger levels in the QIP are found in the accompanying chart.

TRIGGER LEVELS	INTERVENTIONS
3	notification
10	educational efforts
15	intensified review
20	other interventions
25	consideration of coordination with licensing and certification bodies
25	consideration of initiation of sanction proceedings

Each PRO is required to use the HCFA QIP and implement the intervention based upon the above triggers as well as all interventions for lesser trigger levels (e.g. a score of 19 would require notification, educational efforts, and intensified review).

PRO quality problem profiling will be performed each quarter to determine whether the weighted scores of three or more per quarter, or five per six-month biquarter, are reached. This method of review is termed a "rolling" quarter system (i.e. one quarter is removed and a successive quarter is added on). For example, in July, the PRO will profile the April-June quarter and the January-June biquarter; in October, the contractor will profile the July-September quarter and the April-September biquarter.

The AMA has questioned HCFA's decision to limit the severity levels to just three categories and to the potential for inflexibility of the point system, and its potential for being perceived as a more arbitrary mechanism. While present indications are that HCFA intends to move forward with these provisions as written, they have made it clear that, by contract, the PRO is prohibited from automatically implementing the most severe interventions (i.e. coordination with licensing and certification bodies, and consideration of sanction); rather, the PRO must exercise flexibility in determining what intervention is appropriate to the particular case.

"Christmas in July" Benefit to Enhance the Work of Children's Hospital

"Christmas in July" is slated for July 21 as a benefit for The Children's Hospital. The silent auction, along with other festivities and sale of items, will be held at the historic Ice House, 1801 Wynkoop St at 6:30 pm.

The benefit is sponsored by Skyline chapter of the Association of Volunteers. Proceeds will be used to help fund the Health Center, now under construction and to help offset the cost of uncompensated care that Children's Hospital provides. For information, call 861-6887.

CALL FOR NOMINATIONS
1989 Colorado Medical Society

Certificate of Service Award

In recognition of a physician's outstanding contribution to the constitutional purposes of the Society.

Presented at the Annual Meeting to be held September 14-17, 1989 at the Westin Hotel, Vail, Colorado

ROBINS AWARD

For Outstanding Community Service

Nominee must be a living physician, licensed in Colorado, who has not received the award before. Include information on the noninee's specific servvice to the community. The A.H. Robins Award will be made at the 1989 Annual Meeting, September 14-17, 1989 at the Westin Hotel in Vail Colorado.

DEADLINE for receipt of nominations is July 31, 1989

Submit nominations in writing to: CMS Confidential Awards Committee, PO Box 17550, Denver, CO 80217-0550

Children's Clinic to Open in Fort Collins July 5

CMS member Dr. Thomas J. Wera has given up his private practice to work full time at "The Children's Clinic" in Fort Collins, treating indigent children. Dr. Wera is a pediatrician and one of several physicians and others involved in organizing the clinic. About 100 area physicians have agreed to accept referrals of patients Dr. Wera is unable to treat.

Dr. Charles T. Collopy, a retired orthopedic surgeon who joined CMS in 1963, will be the volunteer administrator of the clinic. He expects about 30 patients a day at first, increasing as the need increases. The clinic will employ four full time staff members to treat patients from among the one quarter of Larimer County residents who are below 150% of the federal poverty level.

About a fourth of the $225,000 operating budget for the first year has been raised, but Carol Dressel, a clinic organizer, says grants and donations are still needed to increase that figure. Dr. Wera says the community involvement so far has been very encouraging.Call (303) 484-2600 for more information or to help out.

Colorado Health Check

CMS member ophthalmologist William G. Self, Jr., MD has found his "opportunity to return to the community all the support and good will it has given him in his many years of practice." That opportunity is Colorado Health Check, a community service screening program for senior citizens who are not able to obtain adequate medical care.

Program Director Hillary Conroy, RN, CRNO says Colorado Health Check maintains a self contained mobile unit which travels to various communities, especially in the North Denver metro rural areas. Individuals are screened for vision and abnormalities of the eye and eyelids. Blood work is done to screen for blood sugar and cholesterol abnormalities. Blood pressure is also checked.

"This is a screening and is not designed to take the place of a comprehensive eye or medical exam." says Ms. Conroy. However, it is a much more detailed screening than is usually available from such services. The idea is to check for medical problems that may affect vision in the future.

Dr. Self says, "When we decided to start our community service van project, we wanted to make it more comprehensive than the traditional eye screenings. We want to make seniors aware of health problems which may ultimately cause a decrease in their vision."

The Eye Surgery Center of Colorado, for which Dr. Self is the medical director and surgeon, provides the screening as a public service. Afterwards, a written report is provided to the participants and a summary to those who sponsored the site for survey. Patients in need of additional care are referred to their regular physicians or someone in the area for follow up.

The van has been traveling the area since May 2 and is staffed with either an Optometrist or a Certified Ophthalmic RN along with a Registered Medical Assistant. For more information contact Ms. Conroy at (303) 650-5118

Commemorative Stamp Sought for Virginia Apgar

Denver Neonatologist L. Joseph Butterfield, MD is leading the quest to have a commemorative stamp issued in honor of Dr. Virginia Apgar, whose name forms the acronym for the famous Apgar scoring system for determining the viability of newborns.

The idea originated in the Perinatal Section of the American Academy of Pediatrics, where $3,000 was appropriated in 1985 to start the wheels rolling. Dr. Butterfield was selected as chairman of the steering committee and has met with officials, associates and members of the Citizen's Stamp Committee, a group that sorts through the thousands of nominations every month to select those few who are honored with stamps.

Dr. Butterfield is still hopeful that the commemorative stamp will be issued this year. A spokesman after the periodic meetings tells him it is "being considered", a positive sign from this committee. "Based upon merit", he says, "there is no question that she deserves this honor, for this grand dame of perinatal health made an impact of global proportions." Dr. Butterfield has been a Colorado Medical Society member for 31 years and is currently the Director of the Regional Development Program at The Children's Hospital in Denver.



CMS President Dr. Robert Hartley (l) and Executive Director Hal Frye (r) talk with Charles Howell, M.D., President of the Justina Ford Medical Society after the Medical Pioneer presentation.

It was a first for what is hoped to be a long tradition of the Colorado Medical Society: the first Colorado Medical Pioneer to be recognized by the CMS House of Delegates. CMS President Robert Hartley, M.D., and President-elect John Farrington, M.D., made the presentation of the "Colorado Medical Pioneer" plaque to members of the Board of Directors of the Justina L. Ford Community Center, located in the home of Dr. Ford, now located at 3091 California Street. Attending the ceremony were Ms. Geraldine Stepp, Board member and chairman of the Ford House Restoration Committee, Mr. Ottowa Harris, Board member and Professor at Community College of Denver, Mr. Paul Stewart, founder and curator of the Black American West Museum and Heritage Center, and Dr. Charles Howell, Assistant Professor of Medicine at the University of Colorado School of Medicine. Dr. Howell is the founder of the Justina Ford Medical Society, now consisting of between twenty and twenty-five medical students at the University of Colorado, internists and resident physicians. The purpose of the society, according to Dr. Howell, is to give assistance and communication channels to minority physicians, remembering how much difficulty Dr. Ford faced and overcame in her pursuit of equality in medical care.

Dr. Ford lived and officed in the house which now serves as the community center. She practiced in Denver for fifty years from that single location, at 2335 Arapahoe Street. Between the efforts of Paul Stewart of the Black American museum and the Community Center Board of Directors, much of Dr. Ford's medical practice equipment and personal belongings have been found and are now on display at the house.



"Colorado Medical Pioneer" plaque presented by the Colorado Medical Society to the Justina L. Ford Community Center in Denver.

Currently, the Justina Ford Medical Society members are conducting community health seminars at the center. These seminars deal with such subjects as hypertension and blood pressure screening, PAP smears, asthma, nutrition, Sickle Cell Anemia, how to stop smoking, understanding teenage problems. The next seminar, conducted by Dr. Janelle Foote, will be on July 15th, dealing with urinary problems. July 29th, at 1:00 p.m., Dr. Kevin Hackshaw will hold a seminar on diabetes and diabetic screening.

ATTENTION CMS MEMBERS:

The Justina Ford Medical Society is in serious need of very basic medical practice equipment such as stethoscopes, ophthalmoscopes, blood-pressure cuffs, and the like. If you have any such equipment you wish to donate to the Society, please inventory those many items you've not used for years but which are still in good working order, then contact Dr. Howell at UCHSC, phone 270-7132, or contact CMS offices at 779-5455 or 1-800-654-5653. We'll be happy to make arrangements to pick up the items and get them into use in this extremely worthwhile community health project. If you have any question as to whether equiment you have would be of use, call Dr. Howell. These physicians are giving their own time to help a large and highly diversified part of our community. Any help we can be to make the project successful is important to the public at large.

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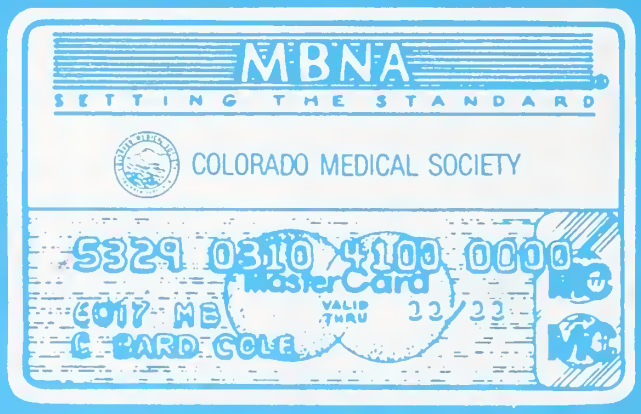
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Colorado Medicine

August 1, 1989 Volume 86, Issue Number 14

119th Year!

Annual Meeting

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House of Delegates
Colorado
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An Invitation . . .



HEALTH EDUCATION! Colorado Medical Society President Robert Hartley, M.D. had a happy and willing couple of auxilians when he presented them with a check for $4,000 July 25th. They are (l) Bunkie Inkret and Mary Jane Newens representing the Colorado and Denver Medical Society Auxiliary and the Hall of Life Health Education Center. With the group is John F. Farrington, M.D., CMS President-elect.The money was made available by a gift from the Colorado Medical Foundation Trust, for the Hall of Life Grand Opening celebration on November 10, 1989. This evening gala will mark the opening of the first phase of the new exhibits in the 13,000 square feet of space at the Denver Museum of Natural History. Following the merger of the Hall of Life with the museum two years ago, an intensive fund-raising campaign has been waged to fund the $3.5 million in new interactive and hands-on health education exhibits, which will open to the public in three phases. The grand opening will feature a reception in the exhibit area, a sit-down dinner and outstanding special guests. CMS members and guests are urged to participate. Reservations may be made by contacting the CMS Auxiliary at 779-5455. Or send your check to **CMS Auxiliary, ATTN. Mary Jane Newens, P. O. Box 17550, Denver, CO 80217-0550.** Reservations are $200 per couple, or a contribution of $1,000 reserves a table for eight, and your name or your company name will be included in the printed program. Any other contribution will be greatly appreciated.

The Hall of Life has served over 80,000 persons in 1989, providing health education on a variety of subjects including: AIDS; Alcohol and Substance Abuse; How Life Begins; You and Your Body; Exercise and Fitness; Heart and Circulatory Systems, and many others. Today, the Hall of Life is a premier **AIDS EDUCATION center in Colorado and the U.S.**

Hall of Life

Hall of Life Health Education Center
Denver Museum of Natural History
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City Park
Denver, Colorado 80205

AT PRESS TIME

CMS Med Fax

AT PRESS TIME Features items which came to light too late to be included in Colorado Medicine, but which we felt you needed to know quickly. It was printed after the rest of the magazine had already gone to press, then inserted. Eds.

Good News on COPIC Rates!

On July 27, 1989, The Board of Directors of COPIC Insurance Company issued the following Statement to their Policy Holders:

Dear COPIC Insured:

We would like to share some very good news with you.

At their July 21 meeting, our Directors approved a level rate for 1990, downward class relativity changes for twenty-four Colorado medical specialties, and the first dividend in the history of COPIC.

The 1990 rates, which will soon be filed with the Colorado Division of Insurance for their approval, will see no physician experiencing a rate increase, and will provide decreases ranging from 8% to 33% for two dozen specialties. (Exception: those still in a "maturing" claims-made policy, years 1-3, will see the inherent annual price increase.) The differences are based on claims experience within these specialties, and seem to indicate the first positive effects of legislative reform. COPIC rates are increasingly based upon Colorado experience, and for the first time we are seeing that experience improve.

The dividend will total $2,500,000, and will be paid in 1990 to those policy holders who paid premium in 1987, according to criteria currently being set by management.

The Board also stressed several different policy holder enhancements, which will described fully in later communications. Among them are:

- Aggregate annual limits of liability for each COPIC policy will be increased by $1,000,000, at no additional cost to policy holders.
- Additional discounts are available for those with claims free histories.
- Group discounts are available.
- Deductible policies are available.
- Substantial discounts are available to new physicians.
- A 10% premium discount is available to Colorado Medical Society Safety Group members.

As indicated, these are highlights and many of the details still are being finalized. We will be providing much more specific information in the weeks to come.

Sincerely,

K. Mason Howard, M.D.
Chairman/CEO

SEE ALSO INSIDE:
- CMS Meets with Rocky Flats Officials

Look for these items next to the Classified Advertising Section:
- ET Battle Rages
- BME Licensing Requirement Update
- New CMS Member Service
- Washington trip spots still open
- Time for an adventure??

CMS Environment Committee Meets with Rocky Flats Officials.

Physicians at Rocky Flats Nuclear Weapons Plant near Golden expressed the concern that medical organizations have tended to speak out on issues concerning the plant without consulting their colleagues at the plant. The Environment Committee of the Colorado Medical Society sought to rectify that situation as they met with physicians from Rocky Flats at their meeting on July 25. Representatives from Rocky Flats included Wiley Eaton, M.D., staff physician; Nancy Daugherty, health physicist; Joe Furman, M.D., medical director; and Bob Bistlines, radiation biologist.

"The perceptions of CMS environment committee members precedent to the entry of the FBI and all the evidence accumulated since, support our initial views on Rocky Flats. Data reported from the various health sources monitoring Rocky Flats did not suggest the presence of an imminent health threat nor was there any information suggesting that there were any clandestine activities on the part of Rocky Flats operators or the Department Of Energy." said John Selner, M.D.

Dr. Selner indicated that there was no evidence that would suggest a violation of the 1986 accord entered into by Rockwell International, the Department of Energy and the Colorado Department of Health. The Environment Committee will continue to monitor the action at Rocky Flats.

The Environment Committee endorses as responsible government action, the action taken by Governor Romer in regard to Rocky Flats and endorses the agreement entered into by the State of Colorado and the Department of Energy with regard to ongoing monitoring of activities at Rocky Flats. It believes it to be consistent with the health care priorities of the Colorado Medical Society and feels it serves the best interests of the residents of the State of Colorado. It is the Environment Committee's position that the action of the Governor and his agreement with the Department of Energy are consistent with the resolution endorsed by the Colorado Medical Society in 1979.

Seesaw Battles Rages Over ET's

The Bush Administration's support of Expenditure Targets (ET's) for Medicare (see **Colorado Medicine** *for* July, 1989, p. 202) is having some success on Capitol Hill, but organized medicine's efforts to eliminate such provisions from the national budget is also having its effect.

A diverse, all out effort to eliminate ET's from the House Ways and Means Committee Medicare reconciliation package failed in the face of unrelenting pressure from the administration, mainly in the person of Health and Human Services Secretary Louis B. Sullivan, MD.. Other top administration officials influenced the decision as well. (Make your thanks known to Colorado Representative Hank Brown (Republican, 4th District) for voting to remove the ET proposal from the budget recommendation. (303) 466-3443.)

With the failure of the amendment to eliminate ET's from the budget recommendation, the focus now shifts to the Senate Finance Committee. Colorado Republican William Armstrong serves on that committee and his office may be contacted at (303) 844-5980 or (202) 224-3121 to make comments.

Some progress was made in this effort. The Medicare budget reconciliation package now being finalized by the House Energy and Commerce Committee will contain no provision for Expenditure Targets. Their proposal does call for a budget neutral RBRVS (Resource Based Relative Value Scale) and will include several other measures important to health care providers. Contact the CMS Government Affairs office for more details.

Watch also for an AMA mailing concerning action on ET's that went out to almost 300,000 physicians nationwide. In it, James H. Sammons, MD, Executive Vice President, urges immediate action because "Expenditure Targets will lead to rationing of care to your patients." and "Expenditure Targets are bad medicine for Medicare patients."

CMS President Robert D. Hartley, MD has said "Expenditure Targets would decrease access to care. ETs would inappropriately force physicians on a case by case basis to make unconscionable decisions about withholding necessary services to patients. ETs would create an implicit system of economic incentives to withhold services on an encounter by encounter basis. ETs=Rationing."

In a related story, the House Ways and Means Committee voted July, 25 to reduce the widely assailed 16% Medicare catastrophic surcharge by 50% and to permit beneficiaries to drop part B coverage. The committee also raised the deductible for prescription drug benefits from $800 to $950 and increased the basic monthly premiums for Part B coverage. These items will be included in their recommendations to the full house.

Contact your Senator or Representative today concerning these issues. If you need to know how to do that, call the CMS Government Affairs office at (303) 779-5455 or 1-800-654-5653.

CMS Colorado Medicine

August, 1989 Volume 86, Number 14

119th Annual Meeting
of the
Colorado Medical Society!
Look Inside for a special insert dedicated to informing you what's happening and how to get involved.

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248 — THE LOBBYIST—We've come a long way in eleven years. Here's an update on the progress organized medicine has made in Colorado, thanks largely to CMS Lobbyist, Carol Tempest



This Month's Cover—

An Invitation...which is included within the pages of this issue, and what we produced on our cover are just a sample of the beautiful artwork by noted Denver artist Barbara Froula. Ms. Froula is "a painter of urban places" and of the people as they interact. Her cityscape of Vail, Colorado (which we have reproduced in its entirety) is titled ***"Summer Afternoon, Vail."*** . As Irene Rawlings of the *Denver Post* describes Froula's work, "In a sense, she freezes a single moment in time. This is the secret to her immense appeal."

Educated at Auburn University and the Royal Danish Academy of Fine Arts, Ms. Froula has exhibited in numerous one-person and group shows and has taught at Auburn and the University of Colorado in Boulder. Also in our magazine you'll find information on ordering this gorgeous picture in either 20" X 24" poster form or on exquisite 5" X 7" note cards.

Look for your invitation and be certain to join your colleagues and spouses for the CMS 119th Annual Meeting at Vail, Colorado, September 14-17, 1989. Plan, also, to attend the Presidential Inauguration.

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Harold F. Frye, Executive Editor. William S. Pierson, Managing Editor. Michael Thompson, Ass't. Managing Editor

CMS PRESIDENT'S LETTER



Robert D. Hartley, M.D. President, Colorado Medical Society

You are cordially invited to attend the CMS Presidental Inauguration.

In one-hundred, eighteen Annual Meetings, Colorado Medical Society has had one-hundred, eighteen presidents.

In all that span of time and expenditure of manpower the Annual Meeting has, to tbe best of my knowledge, been the out-going President's meeting. In other words, he oversaw the planning of the program and social events. It was the medical society's way of telling him (and it has always been a 'him') "So long, and thanks for your efforts these past years. You've reached the top by being given the honor of serving your fellow physicians, but now it's over. We hope you'll continue to contribute to CMS and to organized medicine".

This year is different. I said to myself, 'Why do we start a CMS year with a leader who is basically new and unknown to many of the members (and who knows few of the members), is quite possibly intimidated by the scope of the job (and maybe even a few of the membership) he's about to take on? Why don't we start the year with trying to make this person feel good about himself and about the organization? Why don't we make this a meeting for the in-coming President?'

During the past year, President-elect John F. Farrington, M.D., of Boulder has been deeply, conscientiously and very visually involved in the affairs of CMS. He promises to continue throughout "his" year in the same manner with the same strong commitment. John has been actively involved in the planning of this year's meeting, from the scheduling of events and selecting the speakers in our business and general membership meetings to the educational program and the social events.

1989

CMS

Presidential

Inauguration

At the 119th Annual Meeting (Westin Hotel, Vail, Colorado, September 14-17, 1989) Colorado Medical Society will hold its first-ever 'Presidential Inauguration,' whereby we properly install the in-coming President. To me, this is a fitting and proper way to start what I have felt was the most important single year of my life, second only to my family and friends and my own medical profession. This year has meant much to organized medicine in Colorado, and I am proud and pleased to have been an integral part of so many of the events which involved or surrounded organized medicine. Fortunately for all of us, the president-elect has the opportunity (and the obligation) to be directly engaged in the conduct of CMS for the entire year preceding the formal acceptance of the gavel. However, we now have the opportunity in our Annual Meeting program to properly recognize the "changing of the guard," and I urge all CMS members and their spouses to participate in this occasion. Please join me at the Annual Meeting, but specifically at the President's Inauguration, Saturday, September 16th, at 5:30 p.m.

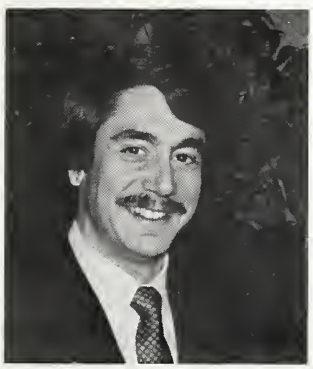
The 1989 Annual Meeting has been planned in a manner to allow many of the physicians to share this event with their spouses and families. Vail and environs provide numerous recreational opportunities for people of all ages. Our meeting will be held at the very peak of beautiful colors in Colorado's Rockies. It's an exciting time, too, because we're meeting in the new Westin Conference Center facilities, which promises to make this a smooth and efficient meeting. This issue of ***Colorado Medicine*** has been devoted to the Annual Meeting program, so check it over carefully. You'll find many recreational pursuits highlighted in the magazine. Make your plans now to attend the entire meeting.

I look forward to seeing all of you at Vail in September..

CMS Members Elected to National Office

Two CMS members have found slots at the national level of organized medicine, and both are happy about it. These two physicians are active in the Colorado and national Young Physician Sections, along with busy practices and other activities.

Robert M. Bogin, MD, is an Internal Medicine and Pulmonary Disease specialist practicing at National Jewish Hospital in Denver.



Dr. Bogin was the alternate delegate from the Young Physicians Section to the AMA House of Delegates until his recent election to the post of **Chairman-Elect** of the YPS Governing Council. This will place him in a position of significant responsibility.

Dr. Bogin says his primary goal as Chairman-Elect and Chairman will be to continue to expand the Young Physicians Section influence in the AMA. The YPS has promoted several projects and resolutions in the past and Dr. Bogin hopes to continue that trend. In addition to these ongoing activities, Dr. Bogin hopes to bring some of the benefit of Colorado's active YPS to the national organization. The CMS-YPS has projects like the Medical-Legal Clinic for the homeless and their own Mini-Internship program which he says would be very valuable on a national level.

Dr. Bogin would also like to keep up the ongoing activities of the energetic AMA-YPS with projects such as the Natural Science Ambassador Program, the placement of a faculty member at Georgetown University to work on alternatives to malpractice and his own work as AMA-YPS liaison to the American Bar Association Young Lawyers Section.

Robert M. Bogin received his Doctorate of Medicine from the Cornell University Medical College in New York City and served his internship and residency at the University of Michigan Hospitals in Ann Arbor. His last fellowship was at the University of Pennsylvania Hospital in Philadelphia. He has been a member of CMS for 2 years.

When Dr. Bogin was elected to his new post, it left open his previous position of **alternate delegate**. Nine people tossed their hats into that ring, including a physician who was only narrowly defeated by Dr. Bogin for the chairmanship. After a runoff election, she had to accede to Colorado Medical Society member **Leslie R. Capin, MD.** This is the first time anyone can remember that two physicians from the same state were elected to office on the Governing Council of AMA-YPS.

Once each state selects its delegate and alternate, those officials get together to vote on who will represent them to the AMA House of Delegates and speak on behalf of Young Physicians. Dr. Capin says that it is quite an honor to be so selected by her fellow physicians, and she can only look forward to the responsibility it will mean for her. The delegates must travel to several meetings each year, representing YPS and carry out the projects they have begun. Despite the effort involved though, she says, "I think it will be fun." Dr. Capin will have a year to find out how fun it is before she has to decide whether to run for re-election or not.



Dr. Capin is a dermatologist, practicing and living in Aurora, Colorado. She was trained and received her Doctorate of Medicine from the University of Colorado, served as an intern at St. Luke's Hospital in Denver and was a resident at the University of Colorado. She has been a member of CMS for four years.

Congratulations to these fine Young Physicians representing Colorado!

Mini-Interns have Positive Experience

The Colorado Medical Society Mini-Internship Program wrapped up their most recent endeavor with a dinner and debriefing. Of the seven "interns", four were attorneys, 2 insurance company executives and one individual with the Colorado Indigent Care Program.

The interns were pleasantly surprised by the quality and compassion of the medical care they observed. The fact that they did not expect this compassion points to the need for such a program as Mini-Internship to improve the public perception of the medical profession.

The interns came away with a real sense of the limitations placed on physicians by managed health care systems. One intern said the "system" was breaking down the relationship between patient and physician. Another maintained the concept of managed care is being eroded by fear of malpractice and lack of education. He said the physicians and insurance people needed to come together in a non-adversarial environment to address these problems.

One of the interns formed a real personal relationship with the physicians, "It was like I was the cheering section, and they were the team." That's the success of your Mini-Internship Program!

For more information on Mini-Internships please contact your component society office.

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LEGAL UPDATE:

$100,000 MEDICARE FINE MUST RELATE TO ACTUAL OVERPAYMENT

By SUSAN T. SMITH

The U.S. Supreme Court, voting unanimously, has held that the government may not impose civil fines of more than $100,000 upon a Medicare provider convicted criminally for a series of overpayments totaling just $585. The court ruled a civil penalty was "punishment" and barred by the Double Jeopardy Clause of the Constitution. The Court held, however, that the civil penalty, $2,000 for each violation, can be imposed if the government can demonstrate a "rational relation" between the total amount of the civil penalty and the overpayments.

Attorney Susan T. Smith heads the health care administration department at Pryor, Carney & Johnson, P.C., a 35-attorney Denver law firm that offers a full range of services to health care providers including medical malpractice defense, contract negotiations, medicare/medicaid, peer review, medical staff issues, professional corporations and personal legal services.

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YOU Are Invited to Help Set the Pace for Quality Medicine in the 1990's

Dear CMS Delegates;

Your component society is counting on you to oversee and effectively represent your views and their views during the 1989 Annual Session of the CMS House of Delegates. We have developed several resources to help you be more effective as a delegate.

One of these is the procedures manual for the House of Delegates which you can read prior to attending the meeting. There will also be a course entitled "How to Be An Effective Delegate" from 5-6 pm Thursday, September 14 which will summarize the operation of the House and how you can be an effective part of it. Some essential aspects of parliamentary procedure will enable you to have a fair and efficient part in the meeting. We want everyone to be heard, but we want to avoid any waste of your valuable time.

The House of Delegates (and of course the reference committees which determine what the House will consider) is your chance to have a positive impact on the direction of organized medicine in Colorado during the 1990's and on into the next century. Be proactive and get involved in the betterment of health care for all!

Sincerely,

Ronald E. Tegtmeier, MD
Speaker of the House of Delegates

MEMO

Date: September 14, 1989

Place: The Westin Hotel, Vail

To: Members Colorado Medical Society

From: John O. Cletcher, Jr., M.D., Chairman
Council Physician Patient Advocacy

Subject Open meeting to share your concerns

During the '89 Annual Meeting I cordially invite the members of CMS to participate in the open meeting scheduled to let YOU share with your peers your concerns on physician/patient relationships in an ever changing environment in which third party participants are assuming an increasing role.

The Council wants to work with and respond on behalf of CMS members and their patients who require assistance in interacting with the agencies involved. You will also become aware of new laws, regulations and policies

Join us for lunch and become involved with the issues of medicine today.

Sincerely,

John O. Cletcher, Jr., M.D

Annual Meeting Activities Designed to Enhance the Quality of Your Practice

Risk Management Seminars Featured at Annual Meeting

The Risk Management Seminars which were so popular at last year's Annual Meeting are slated for a return engagement. This year's program, however, will feature a greater emphasis on specialty information.

The previous seminars were geared toward the general physician population. Since a large number of physicians have now taken those seminars, the Risk Management Department of COPIC, sponsors of the seminars, are concentrating this year on specialties. Most COPIC insured physicians will be required to take a seminar in their specialty to receive the two attendance points toward benefits under the Preferred Risk Premium Plan during the 1989-1990 period.

The specialties offered at the Annual Meeting will be Obstetrics, Gynecology, Internal Medicine, and Family Practice. All COPIC insured physicians in these specialties are encouraged to attend. For more information, call (303) 779-0044 or 1-800-421-1834, extension 338.

Constituent Skills Workshop at Annual Meeting

Ever been frustrated by the actions of legislators? Disturbed by an inability to positively influence the legislative process? Here's your chance at a solution.

The American Medical Political Action Committee put on a Constituent Skills Workshop Sunday, September 17, 1989 at the Westin Hotel in Vail as part of the CMS 1989 Annual Meeting. The workshop runs from 8 am to 4:30 pm and attendees will learn why participation in politics is so crucial, receive grounding in the legislative process itself as well as a legislative briefing, and then participate in a case study/role playing exercise covering the nuts and bolts of key contact skills. The workshop content will be tailored to Colorado and personalized to the needs of physicians in this state.

See the Annual Meeting Registration form in this issue to sign up for the workshop, or call (303) 779-5455 or 1-800-654-5653, extension 310 for more information.

HMSS To Highlight Peer Review At Annual Meeting

The Colorado Medical Society's Governing Council of the **Hospital Medical Staff Section** is pleased to announced it's 1989 program for the CMS Annual Meeting. This year's topic will be, **"Peer Review In The 1990s".**

The program will consist of two panelists offering their expertise on the future of peer review in light of the Patrick vs. Burget antitrust case out of Oregon. The speakers will be James N. Dreisbach, M.D. and Robert R. Montgomery.

Dr. Dreisbach is a neurologist and President of the Combined Medical Staff at Swedish/Porter Hospitals. He is considered the "resident expert" on peer review by physicians.

Mr. Montgomery is President of Montgomery, Little, Young, Campbell & McGrew, as well as general counsel for the Colorado Medical Society. He has been actively involved with physicians on matters of peer review. He has lectured on the subject and litigated it in the courts. Mr. Montgomery is acutely aware of the impact of peer review on physicians and the practice of medicine and has taken a special interest in this subject.

The program will be presented at:
The Westin Hotel/ Vail, Colorado
Cascade Ballroom
Friday, September 15, 1989
7:30 P.M. - 9:30 P.M.

We look forward to seeing you on September 15th!

Looking Ahead to the CMS Annual Meeting

Harold F. Frye,
Executive Director,
Colorado Medical Society



See Special Annual Meeting Supplement on Following Pages...

I hope that each of you will seriously consider attending the CMS Annual Meeting this year being held September 14-17 at the Westin Hotel in Vail. Your Program Committee has put together an outstanding series of educational programs, moved the major meetings of the House of Delegates and Reference Committees to Friday and Saturday, and planned some superb social functions. You will be invited to the first inauguration ceremony for the new president of the Colorado Medical Society.

Thursday afternoon, September 14 The educational programs include COPIC Risk Management Seminars, the Colorado Society of Internal Medicine Training Session on Physician Laboratory Regulations and a seminar on "How to be an Effective Delegate."

A golf tournament will be held on Thursday, September 14, at the Country Club of the Rockies. This should be a fun event for many physicians and spouses.

Thursday evening the Congress of Medical Specialties will be holding a forum on the future of physician payment systems under the Medicare program. Each specialty society has been asked to make a brief presentation on their policy concerning the Harvard RBRVS study, the Physician Payment Review Commission recommendations, and current activities in Congress. Out of this forum may come some late resolutions for consideration by the House of Delegates.

Friday, September 15 This day brings the opening session of the House of Delegates and Reference Committee meetings. Jerald Schenken, M. D., has been invited to be the speaker at the COMPAC luncheon which should be one of the highlights of the meeting. Dr. Schenken, currently an AMA Trustee, ran for Congress from Nebraska in the last national election. Friday afternoon there will be two excellent seminars sponsored by the Medical Informatics Committee and the AIDS Task Force. They will be followed by an enjoyable reception in the Exhibit Hall. Later in the evening we will all enjoy the annual COPIC dessert reception.

Saturday, September 16 The Colorado Medical Society Auxiliary will be sponsoring an excellent retirement seminar. All Auxilians and physicians not involved in the House of Delegates are encouraged to participate in the seminar. The general membership meeting will convene at 9:00 a.m. that morning. The keynote speaker will be Roy Schwarz, M. D., previous Dean of the CU Medical School, currently Assistant Executive Vice President for Medical Education and Science at the AMA.

The Auxiliary will be sponsoring a Friendship Luncheon and President/President-Elect Luncheon. At 1:00 p.m. the closing session of the House of Delegates will convene.

In this issue of Colorado Medicine you will find a special invitation for you to attend the first inauguration ceremony for the new president. All past presidents, Board members and component society presidents will be seated on the platform and introduced. There will be special entertainment during the ceremony. Following the swearing in of the new President, everyone will be invited to the Colorado Medical Society and Colorado Medical Society Auxiliary Presidents' Reception in the foyer of the main ballroom. The inauguration and reception will be one of the highlights of this meeting.

Sunday, September 17 The day will begin with the annual Prayer Breakfast. The Auxiliary will also be sponsoring a breakfast. During the day the American Medical Political Action Committee (AMPAC) and the Colorado Medical Political Action Committee (COMPAC) will be sponsoring an outstanding Constituent Skills Workshop.

The Auxiliary will be sponsoring various activities during our Annual Meeting. I encourage all Auxiliary members to participate in your meetings and bring your spouses to participate in the CMS Annual Meeting.

I look forward to seeing many of you at the Annual Meeting.

ETs ARE ALIVE IN CONGRESS.

Congress is currently considering implementing Expenditure Targets as a part of their budget reconciliation actions during this session. Enactment of Expenditure Targets will have a major impact upon your practice. If you do not understand what Expenditure Targets are, feel free to call me. I would be happy to discuss the matter with you and share a handout providing extensive details. The July issue of **Colorado Medicine** carried an excellent article by Bob Hartley, M. D., our President, on Expenditure Targets.

ADVOCATES

Dear CMS Member:

The mission of Colorado Medical Society, ***to be the leader in Colorado in advocating excellence in the profession of medicine and in the provision of medical care,*** is the thrust of the 1989 Annual Meeting.

Come and join with fellow members of CMS as we set the course of your society for the coming year. Share in the excitement of Vail in the fall with golf, tennis, shopping and sightseeing and, of course, the opportunity to exchange ideas with your colleagues from around the state.

In addition to conducting the business of the society there will be a general membership meeting on Friday, September 15, featuring keynote speaker M. Roy Schwarz, M.D., Executive Vice President of the AMA for Medical Education and Science.

The opening of the House of Delegates will be at 9:00 a.m. on Friday, September 15, with reference committee meetings on Friday afternoon. The final business meeting of the House will be Saturday.

There are three outstanding educational programs on 1) AIDS, 2) Physician Office Laboratory Regulations and Quality Assessment, and 3) Medical Informatics. Each plays a vital role in the future of professional excellence in medicine. I urge you to attend, participate and grow in your own professional practice and provision of medical care.



Sincerely,

John F. Farrington, M.D.

John F. Farrington, M.D.
President-elect

COLORADO MEDICAL SOCIETY — COLORADO MEDICAL SOCIETY AUXILIARY
1989 ANNUAL MEETING
Vail, Colorado - September 14-17, 1989
SCHEDULE

THURSDAY, SEPTEMBER 14

7:00 a.m. - 10:00 p.m.	CMS Office	Goldenrod
12:00 noon - 5:00 p.m.	Registration Opens	Prefunction Area
12:00 noon	Golf/tennis/etc.	
12:00 noon - 2:00 p.m.	Council on Physician/Patient Advocacy lunch meeting	Rocky Mountain D
	COPIC Risk Management	Rocky Mountain ABC
1:00 p.m. - 2:00 p.m.	Surgery	
2:00 p.m. - 3:00 p.m.	Obstetrics/Gynecology	
3:00 p.m. - 4:00 p.m.	Pathology/Radiology	
4:00 p.m. - 5:00 p.m.	Medicine/FP	
2:30 p.m. - 4:00 p.m.	CSIM Training Session - M.D. Laboratory Regulations	Cascade Ballroom
5:00 p.m. - 6:00 p.m.	How to be an Effective Delegate	Alpine Suite
5:30 p.m. - 6:30 p.m.	Peer Review Oversight Committee	Columbine
6:30 p.m. - 8:00 p.m.	Welcome Reception	Cascade Ballroom
7:30 p.m. - 9:30 p.m.	Congress of Medical Specialties	Rocky Mountain D

FRIDAY, SEPTEMBER 15

7:00 a.m. - 10:00 p.m.	CMS Office	Goldenrod
7:00 a.m. - 9:00 a.m.	Unified Grievance Committee	Executive Screening
7:00 a.m. - 5:00 p.m.	Registration	Prefunction Area
7:30 a.m. - 8:30 a.m.	Reference Committee Breakfast	Rocky Mountain CD
8:30 a.m. - 9:00 a.m.	Constitution/Bylaws/Credentials	Columbine
9:00 a.m. - 5:00 p.m.	CMS Auxiliary Country Store	Prefunction Area
9:00 a.m. - 9:30 a.m.	CMS House of Delegates	Cascade Ballroom
9:30 a.m. - 6:30 p.m.	Exhibits Open	Centennial Ballroom
9:30 a.m. - 11:30 a.m.	CMS Auxiliary Board Meeting	Alpine Suite
10:00 a.m. - 12:00 noon	Reference Committee #1	Rocky Mountain C
	Reference Committee #2	Rocky Mountain D
12:00 noon - 1:30 p.m.	COMPAC Luncheon	Cascade Ballroom
1:30 p.m. - 3:30 p.m.	Reference Committee #3	Rocky Mountain C
	Reference Committee #4	Rocky Mountain D
2:00 p.m. - 4:00 p.m.	CMS Auxiliary Reference Cmte	Alpine Suite
2:00 p.m. - 3:30 p.m.	Medical Informatics Seminar	Colorado River
3:30 p.m. - 5:30 p.m.	Reference Committee #5	Eagle
	Reference Committee #6	Gore
3:40 p.m. - 5:00 p.m.	AIDS Conference	Colorado River
4:00 p.m. - 5:00 p.m.	Judicial Council	Aspen Suite
5:30 p.m. - 6:30 p.m.	Exhibitors' Reception	Centennial Foyer
6:30 p.m. - 8:00 p.m.	Young Physicians Section Reception & Membership Meeting	Alpine

COLORADO MEDICAL SOCIETY — COLORADO MEDICAL SOCIETY AUXILIARY
1989 ANNUAL MEETING
Vail, Colorado - September 14-17, 1989
SCHEDULE

7:30 p.m. - 9:00 p.m.	Hospital Medical Staff Section	Cascade Ballroom
8:30 p.m. - 11:00 p.m.	COPIC Dessert Reception	Columbine

SATURDAY, SEPTEMBER 16

7:00 a.m. - 10:00 p.m.	CMS Office	Goldenrod
7:00 a.m. - 11:00 a.m.	Registration	Prefunction Area
7:00 a.m. - 9:00 a.m.	Young Physicians Section	Cedar
7:15 a.m. - 8:45 a.m.	Component Society Caucuses	Rocky Mountain ABCD, Spruce,Pine, Pinion, Aspen, Cedar
8:00 a.m. - 10:30 a.m.	CMS Auxiliary Retirement Seminar	Cascade Theatre
8:00 a.m. - 12:00 noon	Exhibits Open	Centennial Ballroom
9:00 a.m. - 11:00 a.m.	General Membership Meeting	Cascade
11:00 a.m. - 12:45 p.m.	CMS Auxiliary Friendship Lunch	Rocky Mountain AB
	CMS Auxiliary President/ President-Elect Lunch	Rocky Mountain CD
11:30 a.m. - 1:00 p.m.	CMS Past Presidents' Lunch	Restaurant
12:00 noon - 5:00 p.m.	Registration	Cascade Foyer
1:00 p.m. - 5:00 p.m.	CMS House of Delegates Reorganizational Board Meeting immediately following HOD	Cascade Ballroom
1:00 p m. - 4:00 p.m.	CMS Auxiliary House of Delegates	Rocky Mountain AB
5:30 p.m. - 6:30 p.m.	CMS President's Inauguration	Centennial Ballroom
6:30 p.m. - 8:00 p.m.	CMS/CMSA Presidents' Reception	Prefunction Area & Centennial Ballroom
7:30 p.m.	American College of Emergency Physicians Board of Directors Meeting	

SUNDAY, SEPTEMBER 17

7:00 a.m. - 12:00 noon	CMS Office	Goldenrod
7:00 a.m. - 9:00 a.m.	Prayer Breakfast	Rocky Mountain AB
8:00 a.m. - 10:00 a.m.	CMS Auxiliary Breakfast	Coffee Shop
8:00 a.m. - 4:30 p.m.	AMPAC Workshop	Centennial E
9:00 a.m. - 12:00 noon	ACEP Brunch	Centennial F
9:00 a.m. - 12:00 noon	Golf/tennis/etc.	
12:00 noon	Checkout	



Dear Auxilian:

The Annual Meeting of the Colorado Medical Society and Auxiliary will be held at the Vail Westin, September 14 - 17. It is my privilege to invite you and your physician spouse to join us in Vail for these important meetings.

The CMS Auxiliary has taken your suggestions and asked COPIC to prepare a panel on retirement for Saturday morning. Other educational programs vary this year and will cover Surgery, Obstetrics, Gynecology, other specialties, Family Practice Medicine and Lab Regulations.

Our special guest this year will be Colleen Adam, AMAA Membership Committee Chairman. She will bring messages from National Auxiliary and share ideas and enthusiasm of special projects and membership goals.

Specific times for our meetings are:

9:30-11:30, Friday, September 15, Board Meeting with lunch following
2:00- 4 PM, Friday, September 15, Reference Committees
8:30-11 PM, Friday, September 15, Dessert Reception

8 AM-10:30, Saturday, September 16, CMSA and COPIC Retirement Seminar
11 AM-12:45, Saturday, September 16, CMSA Friendship Luncheon
11 AM-12:45, Saturday, September 16, CMSA President/President-Elect Lunch
1 PM-4:00, Saturday, Sptember 16, CMSA HOUSE OF DELEGATES
6:30-8 PM, Saturday, September 16, CMS/CMSA President's Reception

8:00-10:00 AM, Sunday, September 17, CMSA Wrap-Up Session in the Coffee Shop

All Auxilians are invited to these meetings and we encourage you to make plans now to attend. It is important that we hear your voice as we act upon resolutions and plan for the remainder of the year.

I look forward to greeting you at the Vail Westin September 15.

Sincerely,

Catherine Yoder

Catherine W. Yoder, President
Colorado Medical Society Auxiliary

1989 Annual Meeting
The Westin Hotel, Vail
Hotel Reservation Information

If you plan to stay overnight at the Annual Meeting, reservations MUST be made by August 15, 1989. When calling or writing, please let the hotel know that you are with the ***Colorado Medical Society*** and attending the meeting to be held **September 14-17, 1989.**

GROUP: Colorado Medical Society DATE: September 13-16, 1989

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Accommodations	**Courtyard**	**Mountain View**	**Deluxe Mountain View**	**Presidential**
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Arrival Date: _____
(Check in after 4:00 pm)

Departure Date: _____
(Check out by 12:00 noon)

Time of Arrival: _____

Reservations must be received by August 15, 1989.

*Room rates/types are available on a first come first served basis only. Rates do not reflect applicable tax, currently 8.2%.
Please include one night's deposit with this form. The Westin will accept only one of the following as means of payment:
❑ Check or Money Order (made out to the Westin Hotel, Vail) ❑ American Express ❑ Diner's Club ❑ MasterCard ❑ VISA
Credit Card No. _____ exp. date _____

- ✓ Include the first night's deposit with this form
- ✓ Cancellations less than 30 days before the meeting will forfeit 50% of your deposit.
- ✓ Requests for accommodations prior to and after conference dates will be dealt with by the Westin on an individual basis.
- ✓ All reservations must be received by **8/15/89**. All requests after this date will be accepted on a space available basis. Check in time is 4:00 pm. Check out time is 12:00 noon.

If you are mailing your reservation, please do so as soon as possible to:

Reservations
The Westin Hotel, Vail
1300 Westhaven Drive
Vail, CO 81657.

If you are phoning in your reservation, please call (303) 476-7111 or 1-800-628-7236.
Please make it clear that you are with the ***Colorado Medical Society*** so that you receive the special rate.

1989 Annual Meeting Educational Program

- **"Physician Office Laboratory Regulations and Quality Assessment"**

With a host of activities planned for the Annual Meeting there is one program in particular you don't want to miss. The Colorado Medical Society is pleased to co-sponsor with the Colorado Society of Internal Medicine an educational program entitled "Physician Office Laboratory Regulations and Quality Assessment". This teaching program will be presented September 14th beginning at 2:30 p.m. The featured speaker will be Stephen Kroger, M.D., an internist from Longmont, Colorado. In addition to being a Trustee and a past president of the American Society of Internal Medicine, Dr. Kroger is the founder and past chairman of the *Commission on Office Laboratory Assessment (COLA)*, an accreditation program sponsored by the American Society of Internal Medicine, the American Family of Physicians, and the College of American Pathologists.

The objectives and content of Dr. Kroger's presentation are as follows:

1. Provide an update on current legislation and resultant regulations governing physician office laboratories (POLs), including:
   a) Background of Clinical Lab Improvement Amendments (CLIA) of 1988 to CLIA-1967;
   b) Content of CLIA law;
   c) Definitions of POL and of clinical laboratory services;
   d) Identification of physicians impacted by the CLIA law; and
   e) Anticipated action that CMS members must take in response to CLIA law.

2. Provide an explanation of laboratory quality assurance and the mechanisms of laboratory assessment, including:
   a) Quality controls;
   b) Proficiency testing;
   c) Personnel requirements;
   d) Record keeping; and
   e) Instrumentation.

This program promises to be informative, timely and beneficial for those who attend. This program is a continuing educational activity accredited by the Colorado Medical Society and the Accreditation Council for Continuing Medical Education. CMS designates this CME activity as meeting the criteria for 1.5 credit hours.

- **"Doctor, Can You Be Replaced By A Computer?"**

The use of computers in health care, medical education and bio-medical research is a developing discipline called ***"medical informatics"***. The effective use of medical informatics will occur only when there are enough individuals within the health care fields who understand the potential applications of this developing discipline.

You are urged to attend this informative seminar and bring yourself up to date on the **benefits and barriers** of the use of computers in medical practice.

- **AIDS Conference: Latest Facts That Every Physician Needs To Know!**

REGISTRATION FORM
119th Annual Meeting of the Colorado Medical Society
September 14 - 17, 1989 Westin Vail - Vail, Colorado

Name _____ Address _____
City _____ State _____ Zip _____ Office Phone _____

STATUS

- ❒ Delegate
- ❒ Alternate
- ❒ CMS Officer
- ❒ CMS Board
- ❒ CMS Member
- ❒ Non-Member
- ❒ AMA Delegate
- ❒ AMA Alternate
- ❒ Component Society President
- ❒ Specialty Society Representative
- ❒ CMS Past President
- ❒ Honorary Member
- ❒ Hospital Medial Staff Section
- ❒ Student Section
- ❒ Young Physicians Section
- ❒ Women In Medicine Section

$25.00 registration fee for non-members

❒ Other_____

AUXILIARY REGISTRATION

Name _____ County _____ Office Held _____

RESERVATIONS FOR EVENTS AND MEETINGS

Reservation deadline is September 1, 1989. Registration may be limited for some programs. Reservations accepted on a first-come first-served basis.

	Number of Reservations	Amount Enclosed
FRIDAY, SEPTEMBER 15th		
• Auxiliary Luncheon & Board Meeting 12:00 Noon $12.00	_____	$ _____
• COMPAC Luncheon Program/Speaker 12:00 Noon $15.00	_____	$ _____
SATURDAY, SEPTEMBER 16th		
• Auxiliary Friendship Luncheon 11:00 a.m. $15.00	_____	$ _____
• Auxiliary President/President Elect Luncheon 11:00 a.m. $15.00	_____	$ _____
SUNDAY, SEPTEMBER 17th		
• Prayer Breakfast 7:00 a.m. $12.00	_____	$ _____
• Auxiliary Breakfast 8:00 a.m. Open menu	_____	
• AMPAC Seminar/Luncheon 8:00 am - 4:30 p.m. $15.00	_____	$ _____
TOTAL ENCLOSED		$ _____

Please make one check payable to COLORADO MEDICAL SOCIETY and mail reservations to: CMS Annual Meeting, P. O. Box 17550, Denver, CO 80217-0550. For additional information, call (303) 779-5455 or 1-800-654-5653, ext. 326.
DEADLINE FOR RESERVATIONS: September 1, 1989.
CANCELLATION POLICY: CMS will retain 20% service charge for each cancelled registration after September 1, 1989. No refunds will be disbursed until after the meeting. No refunds after midnight, September 8, 1989. Refund requests must be made in writing.

COMPLIMENTARY EVENTS

Please indicate your attendance so we may properly schedule room space.

THURSDAY, SEPTEMBER 14th
- Welcome Reception 6:30 p.m. (Please indicate attendance) _____

FRIDAY, SEPTEMBER 15th
- Exhibitor's Reception 5:30 p.m. (Please indicate attendance) _____
- Dessert Reception Courtesy of COPIC (Please indicate attendance) _____

SATURDAY, SEPTEMBER 16th
- CMS Past Presidents' Luncheon 11:30 a.m. (Please indicate attendance) _____
- CMS/CMSA Presidents' Reception 6:30 p.m. Cash Bar (Please indicate attendance) _____

EDUCATIONAL PROGRAMS

THURSDAY, SEPTEMBER 14th
- HOW TO BE AN EFFECTIE DELEGATE - Ronald Tegtmeier, M.D. 5:00 - 6:00 p.m. _____
- COPIC Risk Management Seminar 1:00 p.m. to 5:00 p.m., Surgery, OB/GYN, Pathology/Radiology, Family Practice Medicine _____
- Physician Office Laboratory Regulations & Quality Assessment 2:30 p.m. _____
- "Doctor, Can You Be Replaced By A Computer?" - Medical Informatics 2:00 p.m. _____
- AIDS Conference 3:40 p.m. _____

SATURDAY, SEPTEMBER 16th
- "Retirement: What's In It For Me?" COPIC/CMSA Physician Retirement Seminar 8:00 a.m. _____

SUNDAY, SEPTEMBER 17th
- AMPAC Seminar 8:00 a.m. - 4:30 p.m. _____

Educational programs are no charge to CMS members and spouses, CMS Auxiliary, residents, and medical students. Others remit $35.00 per individual session. If you have questions regarding the Educational Program, please contact the CMS offices at 779-5455 or 1-800-654-5653.

OTHER ACTIVITIES & EVENTS

THURSDAY, SEPTEMBER 14th
- COUNTRY CLUB OF THE ROCKIES GOLF TOURNAMENT 12:00 Noon

Green Fee: $52.00. Payment is to be made to the Club. (You must ndicate how many will be playing) _____

1989 ANNUAL MEETING EXHIBITORS

This year's meeting has attracted some of the most outstanding commercial exhibitors in the six-year history of exhibitors at our Annual Meeting. We urge you to participate in this important medium of information exchange; visit the exhibits - see what is offered and the caliber of product and service represented by our exhibitors. We depend on them for support of the meeting, and they depend on you. Be sure to visit all of them as a "thank you" for their continuing support and participation.

ABBOTT LABORATORIES
A. G. EDWARDS & SONS INVESTMENTS
ALLSCRIPS PHARMACEUTICALS, INC.
BLUE CROSS/BLUE SHIELD OF COLORADO (Co-sponsors of Exhibitor's Reception)
BOOTS PHARMACEUTICAL COMPANY
BURROUGHS WELLCOME COMPANY
CHARTER HOSPITAL OF AURORA
CIBA PHARMACEUTICAL COMPANY - GEIGY & SUMMIT
COPIC INSURANCE COMPANY
COPIC INSURANCE AGENCY
GLAXO PHARMACEUTICALS
HALLMARK NURSING CENTER
HEALTHCARE COMMUNICATIONS
HEALTHCARE SOFTWARE SYSTEMS, INC.
KEITH PROCTOR PRECIOUS GEMS
KEY PHARMACEUTICALS
MARYLAND BANK N.A.
MEGAWEST SYSTEMS, INC.
MILE HIGH TRANSPLANT BANK
MILES PHARMACEUTICALS
MONY FINANCIAL SERVICES PHYSICIAN'S SHARED SERVICES, INC.
ROCKY MOUNTAIN PROFESSIONAL CONSULTANTS, INC.
RUSS PHARMACEUTICALS, INC.
SCHERING
SPECTRUM
THE DOCTOR'S' COMPANY
UNITED STATES LIFE INSURANCE COMPANY
VERSYSS, INC.
W. B. SAUNDERS COMPANY
WIXCO SERVICES, INC. (Co-sponsors of Exhibitor's Reception)
WYETH-AYERST LABS
WYOMING AIR NATIONAL GUARD.

Exhibits will be open on Friday, September 15th, 9:30 a.m. to 6:30 p.m. and Saturday, September 16th from 8:00 a.m. to 12:00 Noon. This year you'll find much more in interactive demonstrations and exhibits than in past years, which will be interesting and valuable to everyone.

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CMS THE LOBBYIST



Carol Tempest

How do you sum up eleven years of sucessful work and effort of one person on behalf of Colorado physicians? It wouldn't be easy for just *any* one person, but when you speak of CMS lobbyist and Director of Government Affairs from 1978 to 1989, Carol Tempest, it is almost impossible. As a result, we let Carol 's record speak for itself . . . in glowing terms.

The leadership of CMS has elected to change directions in its legislative efforts; to do so means shifting priorities regarding expenses and personnel. This new direction will be more focused within CMS, which means that one of the shifts in personnel requires a greater concentration of effort internally. As a result, CMS is discontinuing the employment of a full-time contract lobbyist. Therefore, the contract with Carol Tempest has not been renewed.

The entire CMS organization realizes a significant loss in this change, which is reflected in the legislative record printed below. However, as the medical profession moves into new (and tougher) arenas of regulatory relations, the CMS leadership felt it necessary to make these changes to better fit the mode of organized medicine.

So, what has happened over these past ten-plus years? Let us show you. At the same time we applaud the efforts, skills, honesty and professionalism of Carol Tempest.
Thank you, Carol.

TEN-YEAR TALLY OF CMS LEGISLATIVE WINS & LOSSES

Bill #	Title	CMS Position	Final Status
	1978		
HB 1089	Immunization for School Enrollment (Traylor)	Support	Enacted
HB 1113	Certificate of Need (Traylor)	Support	Enacted
HB 1151	EMT Requirements (Bledsoe)	Support	Enacted
SB 37	Perinatal Care (Hughes)	Support	Killed
SB 107	Third-Party Coverage for Psychiatric Social Workers (Soash)	Oppose	Killed
	1979		
SB 37	Physician Cost Disclosure (Hughes)	Oppose	Died
SB 43	Regulation of Podiatrists (Woodard)	Support	Enacted
SB 93	Qualifications of Health Dept. Director (Phelps)	Support	Enacted
SB 96	Powers of Board of Medical Examiners	Support	Died
SB 296	State Board of Medical Examiners (Woodard) - This bill defined "physician"	Support	Enacted
SB 357	Concerning Optometrists (Strickland) - Optometrists won the right to "diagnose"	Oppose	Enacted
SB 449	Concerning Physical Therapists (Barnhill) Redefined "physical therapy" with greater specificity.	Supported	Enacted
HB 1166	Damages for Wrongful Death (McElderry)	Oppose	Killed
HB 1301	Persons Having a Terminal Condition (Hume)	Support (weak)	Died

	1979 (Cont'd.)		
HB 1389	Nurse Practice Act	Oppose	Died
HB 1416	Determination of Death	Support	Died
	(This bill was important to transplant teams. The sponsor became seriously ill and returned to the legislature too late to work hard for every bill he had left - this bill fell to the Right to Life lobby)		
	1980		
SB 96	Parking Privileges for Handicapped (Hefley)	Support	Enacted
SB 140	Colorado Hospital Commission (Woodard)	Oppose	Killed
HB 1035	Child Abuse - Criminal Penalty When Such Abuse Results in Death (Ezzard)	Support	Enacted
SB 1226	State Health Insurance Program (Neale)	Support	Killed
HB 1227	Program to Finance the Health Needs of the Medically Indigent (Neale)	Support	Killed
	1981		
SB 80	Speed Limits (Yost)	Oppose	Killed
SB 100	Confidentiality of Information and Records Re Mentally Ill Patients	Support	Enacted
SB 113	Permitting Nurses to Practice Under the Direction of Podiatrists (Strickland)	Oppose	Killed
SB 122	County Coroners (Barnhill)	Support	Enacted
SB 236	Inclusion of Chiropractic & Podiatric Care Under the Provisions of the "Colorado HMO Act" (Hughes)	Support	Enacted
SB 396	Multiphasic Health Screening (Phelps)	Support	Enacted
SB 402	Actions for Wrongful Death (Beatty)	Oppose	Killed
HB 1224	Therapeutic Use of Cannabis (Herzog)	Support	Enacted
HB 1304	Protection of Abused, Neglected, or Exploited Adults (Traylor)	Support	Killed
HB 1316	Safety Equipment for Operators & Passengers of Motorcycles (DeHerrera)	Support	Killed
HB 1405	Controlled Substances	Support	Enacted
HB 1437	Determination of Death (Strahle)	Support	Enacted
HB 1489	Hereditary Disorders, and Providing for Newborn Screening, Genetic Counseling, and Education Programs (Orten)	Support	Enacted
	1983		
HB 82	Use of Pharmaceutical Agents by Optometrists	Oppose	Enacted
SB 141	Continuing Medical Education (Phelps)	Support	Enacted
SB 152	Licensing of Physician Assistants (Hefley)	Support	Enacted
SB 292	Jail Health Care Project	Support	Enacted
SB 395	Authority of the Insurance Commissioner to Promulgate Rules Concerning the Prompt Payment of Benefits (Fowler)	Support	Killed
HB 1070	Child Restraint Systems for Children in Motor Vehicles	Support	Enacted
HB 1090	Damages for Wrongful Death (Lee)	Oppose	Killed
HB 1184	Nondiscriminatory Hospital Surgical Privileges (Fine)	Oppose	Enacted
HB 1185	Persons Having a Terminal Condition (Underwood)	Oppose	Killed
HB 1386	Newborn Screening	Support	Enacted
HB 1528	Midwifery (Wright)	Oppose	Killed
	1984		
SB 54	Damages in Wrongful Death Actions (Wells)	Oppose	Killed
SB 136	Health Care Services for the Medically Indigent (Dodge)	Support	Killed
HB 1010	Qualifications of Members of the Board of Hospital Trustees for County Hospitals (Fine)	Support	Enacted
HB 1147	Midwifery (Wright)	Oppose	Killed
HB 1171	Persons Having Terminal Conditions (Underwood)	Support	Killed
HB 1179	Minimum Requirements for Emergency Medical Services (Dambman)	Support	Enacted

	1984 (Cont'd.)		
HB 1219	Establishment of Professional Review Committees for Physicians (Larson)	Support	Enacted
HB 1342	Certification of Respiratory Care Practitioners (McInnis)	Oppose	Killed
HB 1400	Limitation on Damages in Personal Injury Suits (Artist)	Support	Killed
	1985		
SB 11	Concerning the Colorado State Board of Medical Examiners (Ezzard)	Support	Enacted
SB 17	Health Care for the Medically Indigent (Dodge)	Support	Killed
SB 65	Damages in Wrongful Death (Wells)	Oppose	Killed
SB 76	Mandatory Use of Safety Belt Systems in Motor Vehicles	Support	Killed
SB 149	Hospital Privileges for Psychologists (Sandoval)	Oppose	Killed
SB 153	Medicaid Cost Containment (Wells)	Oppose	Enacted
HB 1026	Limitations on the Practice of Medicine (Artist)	Oppose	Killed
HB 1027	Right of Persons to Accept or Reject Medical or Surgical Treatment (Artist)	Support	Enacted
HB 1041	Motorcycle Helmet Law	Support	Killed
HB 1256	Limitation on Awards of Exemplary Damages (Grant)	Support	Killed
HB 1332	Removal of Pituitary Glands by Licensed Physicians during Postmortem Examinations (Philips)	Support	Enacted
HB 1344	"Colorado Health Insurance Pool Act" (Artist)	Support	Killed
	1986		
SB 11	Registration of Physical Therapists (Durham)	Oppose	Killed
SB 20	Mandatory Use of Seat Belts	Support	Killed
SB 51	Health Benefit Plans, and Providing for Continued Coverage Upon Termination of Employment (Traylor)	Support	Enacted
SB 67	Damage Awards & Judgments in Civil Actions (Hefley)	Support	Enacted
SB 69	Statutes of Limitations (Allard)	Support	Enacted
SB 70	Joint & Several Liability in Civil Actions (Hefley)	Support	Enacted
SB 74	Limitations on Attorneys' Fees in Civil Actions (Durham)	Support	Killed
SB 76	Assumption of a Duty of Care, and Limiting Liability Therefor (Arnold)	Support	Enacted
HB 1089	Field Sanitation Standards	Support	Killed
HB 1104	Repeal of Certificate of Public Necessity (Pankey)	Support	Enacted
HB 1107	"Colorado Health Insurance Pool Act"	Support	Killed
HB 1109	Freedom of Physicians to Practice Medicine, and Expanding the Rights of Physicians to Work for Employers and Treat Patients (Strahle)	Oppose	Killed
HB 1197	Award of Damages, and Providing for Limitations Thereon (Grant)	Support	Enacted
	1987		
SB 41	Prescription of Treatment Plans by Chiropractors (Peterson)	Oppose	Killed
SB 47	Reimbursement for Professional Nursing Services Under Sickness & Accident Policies (Beatty)	Oppose	Enacted
SB 74	Statutes of Limitations for Commencement of Civil Actions & Reinstating the Statute of Repose (Allard)	Support	Vetoed
SB 98	Prompt Payment to Vendors Subject to the "Colorado Medical Assistance Act" (McCauley)	Support	Killed
HB 1028	Regulation of X-Ray Machines (Neale)	Support	Killed
HB 1066	Definition of Unprofessional Conduct Under the "Colorado Medical Assistance Act" (Neale)	Support	Enacted
HB 1108	Examination of Injured Employees by Physicians & Chiropractors Under the "Workmen's Compensation Act of Colorado" (Pankey)	Oppose	Killed
HB 1142	Protection Against the Liability of Persons Serving as Directors, Officers, Agents, or Employees of Corporate Entities (Berry)	Support	Enacted

	1987 (Cont'd.)		
HB 1177	Inclusion of Cystic Fibrosis Screening in Newborns (Tucker)	Support	Enacted
HB 1177	Declaration of HIV Infection ...as a Communicable Disease (Wham)	Support	Enacted
HB 1184	Apportionment of Fault Among Tortfeasors in Civil Actions (Bath)	Oppose	Enacted
HB 1288	Eligibility for Benefits Under the "Colorado Medical Assistance Act"	Support	Killed
	1988		
SB 11	Repeal of Provisions Which Prohibit Direct Access of the Public to Physical Therapists (Hopper)	Oppose	Enacted
SB 59	Coverage of Health Care Practitioners Under the "Colorado Governmental Immunity Act" (Wells)	Support	Enacted
HB 1030	Eligibility for Benefits Under the "Colorado Medical Assistance Act" for Pregnant Women & Children (Taylor-Little)	Support	Killed
HB 1045	Periodic Payments of Tort Judgments (Anderson)	Support	Killed
HB 1071	Establishment of an Emergency Medical Services Fund (Chlouber)	Support	Killed
HB 1078	Reinstates Statute of Repose for Actions Involving Health Care (Pankey)	Support	Enacted
HB 1127	Breast Cancer Screening (Allison)	Support	Enacted
HB 1155	Authority of Optometrists to Use Therapeutic & Pharmaceutical Measures (K. Williams)	Oppose	Enacted
HB 1279	Application of the Governmental Immunity Act to Services Provided by Health Care Practitioners (Irwin)	Support	Killed
HB 1340	Licensing of Physicians...Making Changes in Statutes Regulating Physician Conduct (Taylor-Little)	Support	Enacted
	1989		
SB 29	Treatment of a Child Based on Religious, Spiritual or Personal Beliefs (Owens)	Support	Enacted
SB 34	Improvement of Statewide Emergency Medical Services (Traylor)	Support	Enacted
SB 50	Establishment of a Trauma Systems Program (Wham)	Oppose	Killed
SB 111	Smoking Tobacco in Retail Food Establishments (Fenlon)	Support	Killed
SB 183	Provision of Health Care to Injured Employees Under the Provision of the "Workmen's Compensation Act" (Traylor)	Support	Killed
SB 197	Prescribing of Drugs Under an Open Drug Formulary (Allard)	Support	Killed
SB 209	Motorcycle Rider Protective Measures (Mendez)	Support	Killed
SB 211	Mandatory Health Insurance Provisions (Hopper)	Support	Enacted
SB 261	Physician professional Review Proceedings (Wham)	Support	Enacted
HB 1001	Mandatory Insurance Coverage for Screening Mammography (Taylor-Little)	Support	Enacted
HB 1036	Right of Persons to Reject Artificial Nourishment Through Medical Procedure/Intervention (Anderson)	Support	Enacted
HB 1089	Medical Benefits for Pregnant Women & Children Under the "Colorado Medical Assistance Act" (Taylor-Little)	Support	Enacted
HB 1183	Unprofessional Activities of Health Care Professionals Which Relate to a Patient's Care, Records, and Billings (Bond)	Oppose	Enacted
HB 1328	Designation of Infectious Waste by the Generator, and Providing for Disposal of Such Waste (Bond)	Support	Enacted

BME Creates Exemptions to Malpractice Insurance Requirements

The Colorado Board of Medical Examiners is working on rules exempting certain classes of physicians from the requirements for malpractice insurance laid down in 1988 by SB 143 (Health Care Availability Act).

On the recommendation of Tom Beckett, Program Administrator, the BME identified four classes of physicians for whom the mandatory insurance requirement would not serve to enhance the public interest. They are: 1. Completely retired physicians, 2. Physicians practicing out of state, 3. Military or civilian physicians whose clinical practice is limited solely to that required by their federal/military agency, and 4. physicians not engaged in any patient care whatsoever (e.g. administrators, researchers, those engaged in endeavors outside of medicine, etc.) The Board also appointed a committee to look into other issues related to this.

When the 1988 Colorado legislature passed SB143, they wanted assurance that physicians would not be able to use its tort reform provisions as a shield for bad medical practice. For this reason they laid down certain minimum malpractice insurance requirements as a condition of medical licensure in Colorado. While the requirements are reasonable for a physician in active medical practice, they impose a significant hardship on a retired physician or someone in one of the other classes mentioned. The statutory language permitted the BME to set lower requirements for these classes of physicians if they so chose.

According to Mr. Beckett, "The purpose for requiring the liability minimums in the first place appears to be to protect patients who may be harmed by Colorado practitioners, in order that those patients may seek damages through the Colorado courts." He said it appeared that the public interest would not be enhanced by imposing the requirements on the four classes of physicians mentioned. The Board will undertake public hearing on the proposed rules and is expected to consider them at their October meeting.

Mr. Hal Frye, Executive Director of the Colorado Medical Society, has been in contact with Mr. Beckett concerning the feasibility of a license fee for retired physicians which is different from that for those in active practice. Mr. Beckett's opinion was that this would probably require some sort of legislative change in the statute, but that the Board would be open to a CMS proposal on the subject. Mr. Frye will be working with the CMS leadership to follow up on this matter.

Colorado IPRC Launches 5 Year Plan to Reduce Injury

The Colorado Injury Prevention Research Center (IPRC) was created in 1986 to provide information and direction to various efforts to reduce the incidence and severity of injuries in Colorado. Based on the recently published ***Injury in Colorado — Baseline Analysis*** (see report in **Colorado Medicine** *for* July, 1989, p. 215), IPRC is seeking to research injuries especially among teenagers and young adults and those that cause excess rural mortality.

The 1989-94 plan of the IPRC has 11 Aims and 38 specific objectives. They center around research and analysis of injury trends and specific ways to prevent them or reduce their severity. This includes training of professionals, such as physicians, in the latest techniques, along with testing of hypotheses concerning diagnosis and treatment of injuries, among other topics.

The Colorado IPRC is on the University of Colorado Denver Campus and is directed from the Health Sciences Center by Dr. Alden H. Harken and Dr. Thomas M. Vernon. Fifteen co-directors oversee the various program areas of IPRC.

Mary Taylor Hassouna, PhD, IPRC Coordinator, says the success of the Center will be found in "improved community-based injury prevention programs which result in saved lives, less suffering, and less disability for the citizens of Colorado." For more information, contact IPRC at (303) 270-3065.

Colorado Trust Awards DU's Health Care Program $32,400 Grant

The Colorado Trust has awarded the University of Denver's Health Care Organizations and Systems program a grant for $32,400. The program, which is part of University College, will use the grant to support innovative course development and instructional material in health care.

Some of the courses to be taught this fall are Health Promotion, Addressing the Nursing Shortage, Planning and Designing Services for the Elderly, and Health Care in the Workplace. Michele Bloom, Director

of DU's Health Care Division, notes, "Our program has been very successful. We have experienced tremendous growth which demonstrates our program's effectiveness in identifying and meeting the needs of the health care industry."

For more information, contact the University College (a graduate adult education unit of DU) at (303) 871-3869.

Rubella Test Law Repealed

A 1972 state law requiring women of child bearing age to have a blood test to prove immunity to rubella (German or 3-day measles) was amended in 1986 to provide for a July 1, 1989 repeal. According to the Colorado Department of Health, this means brides seeking marriage licenses will no longer be required to have the test.

CDH says the incidence of rubella has dropped dropped dramatically in the last few years because of a strict immunization law passed in 1975. Only four cases were reported in the last five years, down from 500 to 1,500 cases a year in the 1970's.

CDH still recommends the testing though. Judy Conner, chief of the Health Department's Immunization Program, says "It's still important for women who are considering having children to know if they are immune to rubella. If they get the illness during their first three months of pregnancy, they could have a child with devastating birth defects."

For further information about rubella, call the Immunization Program at (303) 331-8323. For information about pre-marital requirements in other states, contact the CDH Laboratory Division at (303) 331-4700.

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We are here to help!

CORRECTIONS

Thomas Balkany, MD, FACS informs us of an error in the June 1, 1989 issue of **Colorado Medicine** (p. 186). He **jointly** performed the first cochlear implant in Colorado with Dr. Bob Mischke. Congratulations to both of these pioneer surgeons.

We have also been made aware of errors in the 1989 Physician's Directory (June 15, 1989). Following are the pages on which they occur and the correct listings for these physicians.

p. 52
Heaton, Warren A, MD
610 Hwy 86
Castle Rock, 80104 688-4844
(H) 619 Lewis St
Castle Rock, 80104
ARAPAHOE MED SOC.
FAMILY PRACTICE

p. 137, 183
Packer, Robert H, MD
7180 E Orchard Rd, #201
Englewood, 80111 850-0252
(H) 6221 S Logan Ct
Littleton, 80121 730-7540
ARAPAHOE MED. SOC.
DERMATOLOGY

p. 113
Slonim, N Balfour, MD
3005 E 16th Ave, #470
Denver, 80206 399-3333
DENVER MED. SOC.
INTERNAL MEDICINE
CARDIOVASCULAR DISEASES
PULMONARY DISEASES

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FAMILY PRACTICE OPENING-Join established family practice clinic near 32 bed hospital. Competitive salary and benefits. Medical support from seven major hospitals with consultation and educational services. Family oriented, supportive community in scenic N.E. Iowa. Contact Richard Phillips, Community Memorial Hospital, PO Box 519, Postville, Iowa 52162, (319) 864-7431. 2/889

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COLORADO SPRINGS—Thirty-five physician multispecialty group is seeking BC/BE primary care internists and BC/BE family practitioners. Fee-for-service and prepaid practice. Guaranteed salary with incentive arrangement. Please send CV to: Bruce Minear, Executive Director, Colorado Springs Medical Center, 209 South Nevada, Colorado Springs, CO 80903. 3/789

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PHYSICIAN EXPERIENCED IN PRIMARY CARE and interested in outpatient orthopaedics and occupational health care sought for outpatient facility with excellent clinical and business reputation. Excellent reimbursement package for motivated individual with good clinical and people skills, Contact Dr. Bernton, Medical Director, The Holly Clinic, 120 Bryant Street, Denver, Colorado 80219; 936-9700. 4/789

DENVER FAMILY PLANNING CLINIC. Gyn/family planning/abortion clinic seeks experienced board certified/eligible physician for first and early second trimester practice. Two part time positions are available, 10-15 hrs./week. Experience with sonography helpful but not mandatory. Send resumé to: Respond Box T, *Colorado Medicine*, PO Box 17550, Denver, CO 80217-0550. 6/889

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GRAND JUNCTION: Internist, Board Certified/eligible at the Grand Junction VA Medical Center, a 115 bed general medical and surgical facility. The area combines a beautiful western Colorado location with a moderate climate. Salary is competitive with excellent benefits. Please reply with curriculum vitae to: William Berryman, M.D., Chief, Medical Service, VA Medical Center, 2121 North Avenue, Grand Junction, CO 81501, (303) 242-0731, x380.
EQUAL EMPLOYMENT EMPLOYER 3/6189

PSYCHIATRIST, Full or Part Time position working with senior citizens, Med Evaluations, consultations. Some supervision. $300 to $700 per day. Call Nat'l Institute for Behavior Change (303) 296-2244. 1/889

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DENVER—Full and part-time positions are available for BC/BE Family Physicians with Denver's most stable ambulatory care network. Prefer physicians with well-rounded background in family medicine, pediatrics, office orthopedics, and sports medicine. We are a physician run medical group that is affiliated with Lutheran Medical Center and due to our success we are anticipating expansion. We offer a highly competitive guaranteed salary plus incentives. We are receptive to merging existing practices into our network. Please contact: Stephen L. Axelrod, M.D., Medical Director, Medical Centers of Colorado, 899 Logan Street, #505, Denver, CO 80203, (303) 860-8500. 6/5189

BME Insurance Exemptions Update

On July 21, 1989, CMS Director of Health Care Policy, Ellen Stein, spoke with Tom Beckett, Program Administrator of the Board of Medical Examiners concerning proposed rules exempting certain classes of physicians from mandatory malpractice insurance minimums imposed on the rest of the profession. (See article in **Colorado Medicine** under Medical News: *BME Creates Exemptions to Malpractice Insurance Requirements.*)

Ms. Stein reports that the Board will hold a rule making hearing at their October meeting and comment will be allowed. Due to the nature of this proposal, there may be quite a crowd at that meeting. Mr. Beckett recommended that interested parties submit written testimony, thus avoiding the possibility of curtailment of testimony at the hearing. He suggested mailing it to the Board in advance of the meeting. (The address for the BME is: Colorado Board of Medical Examiners, 1525 Sherman St., Room 132, Denver, CO 80203. Their phone number is (303) 866-2468 for further information.)

The Malpractice Insurance Minimums were established by the legislature as part of the Health Care Availability Act of 1988 (SB 143), although the BME was given the authority to establish the rules under which this would be administered. Physicians in certain situations have expressed concerns over the insurance requirement and its adverse economic effects on benevolent medical work, memberships, etc., since medical licensure would depend on meeting the requirement. The Board has responded to these concerns and is now considering rules to ameliorate any ill effects. If you are in one of the four classes of physicians mentioned so far in the process (see original article) it might certainly be to your benefit to have an impact on the process, either by mail or in person at the meeting.

In the meantime, CMS continues to influence the process. Mr. Hal Frye, CMS Executive Director, has been in contact with the BME concerning lowering the license fee for retired physicians and the CMS leadership will be following up on this matter. In addition, Ms. Stein is discussing with the BME the possibility of an interim meeting at the CMS offices to further discuss the issues before the public hearing in October. For more information, contact CMS at (303) 779-5455 or 1-800-654-5653.

New CMS Member Service

Colorado Medical Society's Assistant Executive Director for Administrative Services, Rodman P. "Rod" Brewster announced July 26 that negotiations have been finalized for a new CMS member service. In cooperation with Conomikes Associates, Inc. CMS physician members will be able to obtain the latest practice management information at a discounted price.

Good practice management skills are essential to running a successful medical practice today, but keeping abreast of the latest practice management methods and ideas can be time consuming for the busy physician or office manager. An excellent resource for the physician looking for workable solutions is *Conomikes Reports on Medical Practice Management.*

These reports, published 10 times per year, will now be made available to CMS members at a $30 annual savings. In addition, a hardcover book on practice management and a planning calendar will be sent to subscribers.

Conomikes Associates are leading practice management consultants for the health care profession. Their reports will alert CMS members to the latest advances in medical office management, using information on what successful offices are doing to better manage their time, staff and expenses.

CMS members will receive a letter giving more information on this service. For other details, contact member services at (303) 779-5455 or 1-800-654-5653.

INTRAV Season Begins

The first mailing concerning travel arrangements for 1990 offered to CMS members at a discount went out July 28. Members will receive information on trips to the Amazon River/Grenadine Islands and the popular Wings Over Kenya Air Safari.

Within a few weeks, members will also receive information on trips to the Mexican Riviera, Thailand, Nepal and India.

A number of members have expressed positive comments concerning these trips. Keep an eye on your mailbox for more information.

Washington Trip on Track

The trip to Washington arranged by the CMS Government Affairs Department still has a few slots left open. This informative travel experience will give you the chance to meet congressional representatives, influence Washington politics and gain valuable insight and experience into the political process you can use at home. Learn more about how to make a positive impact on society for medicine and enjoy a good time with fellow health care professionals too. Call the Government Affairs Department, Colorado Medical Society, (303) 779-5455 or 1-800-654-5653, extension 310, for more details.

CMS Colorado Medicine
September, 1989 Volume 86, Number 15

Retirement:

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- When to retire
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Or Will I Go Into Retirement By Chance?

and CMSA Mile High News



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AT PRESS TIME

CMS Med Fax

AT PRESS TIME: CMS Med Fax features items which came to light too late to be included in Colorado Medicine, but which we felt you needed to know quickly. It was printed after the rest of the magazine had already gone to press, then inserted. Eds.

Women In Medicine Speak Out

Ed. Note: At the 1989 Interim Meeting of the House of Delegates, the Women in Medicine Section of CMS sponsored a resolution (23P). Following is a statement issued by the Women in Medicine Section August 30, 1989.

The abortion issue is cause for debate in many forums from differing perspectives. The Colorado Medical Society is one of those forums.

The Supreme Court review of Webster v. Reproductive Health Services prompted much of organized medicine, including the AMA, the American Academy of Child and Adolescent Psychiatry, AAP, ACOG, APA, AMWA, and others, to submit a brief as Amici curiae which addressed whether the privacy rights embodied in the Constitution fundamentally protect individual treatment decisions and whether the Missouri statute in question unconstitutionally infringes on the fundamental right of patients to make medical treatment decisions in consultation with their physicians. The opening comments of the brief states that " Amici share an abiding dedication to promoting the public welfare through the maintenance of the highest professional standards and the provision of quality health care. Amici's interest is not in debating the philosophical, ethical, moral or religious issues surrounding abortion. Indeed, their members hold widely divergent views... However, our members all agree that every individual has a fundamental right to make an individual medical treatment decision free of state interference unless the state has a compelling justification for the restrictions it imposes."

In light of these activities, a resolution was presented by the Women in Medicine Section of the Colorado Medical Society to the interim meeting of the House of Delegates. The intent of the resolution was to emphasize that in our commitment as medical professionals to deliver the best quality of medical care to our patients, we as physicians need to think carefully about the interference of the state in the physician/patient relationship. We are entitled to our best convictions on the wisest management of each individual case, considering the unique circumstances and moral convictions of the physician and patient. The right to privacy between the physician and patient must be protected.

The resolution, as it was passed an the CMS Interim Meeting, reads as follows:

Resolved, that the CMS supports early health education and the distribution of safe, more effective methods of family planning for males and females as primary methods of birth control, and be it further

Resolved, that the termination of pregnancy be recognized as a medical intervention, and be it further

Resolved, that neither the State nor the Federal government should interfere with the physician/patient relationship and the ability of physicians to administer medical treatment and counsel their patients on all options for the management of unwanted pregnancy unless there is compelling state interest in which case the regulations must be limited to those reasonably related to those interests, and be it further

Resolved, that the Colorado Medical Society policy does not prohibit the voluntary participation of a physician in the termination of pregnancy in accordance

continued on following page

Special Bulletin

When you return the special Social Security Information request insert in this issue, you must be certain to sign and date the form. If you do not do this, the Social Security Administration will return the form to you with no action.

Women in Medicine...

from front page

with sound medical practice.

The resolution is careful to focus on medical issues not moral perspectives as the Women in Medicine Section recognized that individuals have a variety of moral convictions regarding the termination of pregnancy.

The mission statement of the CMS states that "CMS will be the leader in Colorado in advocating excellence in the profession of medicine and in the provision of medical care." The strategic plan of the Medical Society places additional emphasis on leadership in areas of patient advocacy, access to health care, and a commitment to ensuring the provision of quality care. CMS has any number of councils and committees which deal specifically with government intrusion into the practice of medicine and the physician/patient relationship. Widely accepted within the medical profession are legal and ethical guidelines for sound medical practice which speak to the need for physicians to provide all medically appropriate information, including treatment options and their potential consequences, to their patients.

The resolution as passed does not focus on doing the procedure but on a patient's right to access to procedure which is performed by medical professionals and as such is a medical intervention, the use of which is best determined by the physician and the patient.

The most important thing that the resolution emphasizes is that early health education is the primary prevention for unwanted pregnancy. One of the important roles of the medical profession is that of advocate for education and prevention in all health related areas. We know the value of prevention in health care. Abortion is a difficult issues. There is indeed a forum, however, for both sides to come together in a cooperative effort to work on the issue of prevention and thereby significantly reduce the need for abortion. To do otherwise renders a disservice to our children and the public as a whole.

Meeting with BME to be held at CMS

The Board of Medical Examiners would like to hold a public meeting with the physician community. The purpose of this meeting is to further discuss categories of physicians for possible exemption from the requirements for malpractice coverage as a condition of licensure.

In developing rules exempting certain classes of physicians from the requirements as delineated in 1988 by SB 143, the Board previously identified four classes of physicians for whom the mandatory insurance requirement would not serve to enhance the public interest. Those categories are: 1) Completely retired physicians, 2) Physicians practicing out of state, 3) Military of civilian physicians whose clinical practice is limited solely to that required by their federal/military agency, and 4) Physicians not engaged in any patient care whatsoever.

The Board also appointed a committee to look into related issues. To this end, the committee has scheduled a meeting for **Monday, September 25** from 2-4 p.m. at the Medical Society Offices, 5575 DTC Parkway, Englewood Light snacks will be provided.

Please come prepared to share your thoughts with members of the Board of Medical Examiners.

CMS Decides Not to Pursue Cellular Telephone Service

from Rodman P. Brewster
Assistant Executive Director
Administrative Services

As many of you know, CMS has recently been studying cellular telephone service as a potential member service. After reviewing a number of proposals, it has become apparent that CMS **cannot** offer its members a better service than can be found on the open market. Therefore CMS will continue, for the present time, its current policy of not recommending any cellular telephone service.

CMS Hires New Membership Director

Colorado Medical Society Assistant Executive Director Rodman P. Brewster announced the addition of a new Director of Membership, effective August 28, 1989. Phyllis A. Madden comes to us with many years of health care related experience. She has recently completed work for her MBA at the University of Colorado. Mr. Brewster described her as having "excellent qualifications."

Phyllis has already made friends with many of the CMS staff and looks forward to working with the membership. She will focus on both recruitment of new members and maintaining a high standard in membership services.

CMS Colorado Medicine

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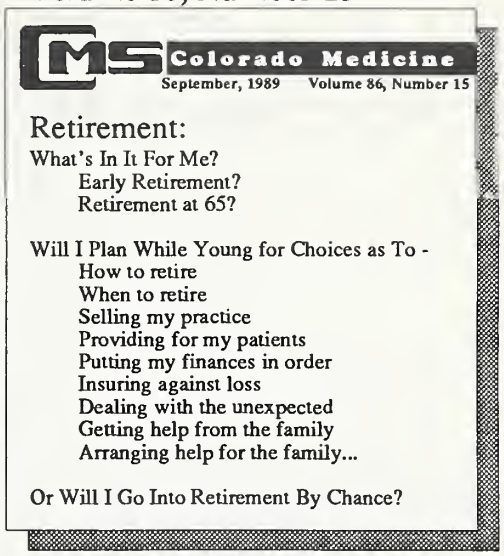
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This Month's Cover—What comes to mind when you think of retirement? No matter what you envision, this month's **Colorado Medicine** contains some important information for you to consider if you want to make those dreams come true.

In this issue, we begin a new department on Retirement, because you, the reader, have asked for this type of information. Look for articles on closing a practice, wills and estates, asset management and many other aspects of preparing for and enjoying retirement.

Also, look on pp. 275 and 276 for a creative solution to the boredom that can sometimes accompany retirement.

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Harold F. Frye, Executive Editor. William S. Pierson, Managing Editor. Michael Thompson, Ass't. Managing Editor

Looking Ahead to the CMS Annual Meeting

Harold F. Frye,
Executive Director,
Colorado Medical Society



Will You Be There?

I hope that by this time you have either registered or are planning to attend the 119th Annual Meeting of the Colorado Medical Society. Your Program Committee has put together an outstanding selection of educational programs and many other functions which should be both educational and entertaining. As you saw in the last issue of Colorado Medicine, each CMS member received a personal invitation to the first inauguration ceremony for John Farrington, M. D., new president of CMS. I certainly hope to see each of you at the meeting.

Who Should Lead In Setting Health Care Priorities?

CMS Establishes Prioritization Steering Committee

In response to a budget note to the Department of Social Services, CMS has established a Prioritization Steering Committee to evaluate medicine's role in future prioritization of health services for the citizens of the state of Colorado. Our state could be a national leader in working with the government, society and other health professsionals in looking to the appropriate way to prioritize health care.

CMS Studying Feasibility of Introducing Legislation to Govern Private Utilization Review Firms

Many of you have brought to our attention the problems you are experiencing with private utilization review firms, their staff who handle the phones, and the hassle that your office staff are having with these firms. Two other states have passed legislation.

We are in the process right now of collecting data from a large number of our physicians on the kinds of problems they are experiencing with private utilization review firms. This data will be used in developing some type of appropriate legislation.

If you have suggestions or comments, feel free to contact Sharon Ponder, our Director of Professional Education and Special Programs.

CMS Produces Managed Health Care Handbook

In the near future you will be receiving an outstanding handbook on evaluating contracts with HMOs, PPOs, and other managed health care systems. I urge you to take time to review the document, ***"A Physician Guide to Contract Analysis,"*** and then retain it as an ongoing reference resource. It can be very valuable for you, your staff and your legal counsel in evaluating contracts as they cross your desk. Again, feel free to call CMS staff if you have questions on the manual. We anticipate publication will coincide with our Annual Meeting.

CMS Renews Agreement With COPIC

The Board of Directors of both CMS and COPIC have approved the continuation of an agreement between the two organizations. It is through this agreement that you, as a physician member of CMS, receive your safety group ten percent discount on premiums.

Physician Member Advocacy

While Colorado Medical Society leadership and staff place more emphasis on "patient advocacy", the CMS staff is stressing its own goal of advocacy for its CMS member needs, both professional **and** personal. This issue of **Colorado Medicine** is the first of such focus issues aimed at helping you, the individual, gain from the resources that CMS can make available to you.

We all think of "retirement" in some form or another, but effective retirement for the physician takes more planning than for other professions and careers. That's why CMS and CMS Auxiliary are working to bring retirement planning tools to the membership. The case for early retirement becomes more prevalent every day, so more emphasis needs to be placed on planning. We urge the younger physician members to read this issue carefully and start planning now. Retirement comes in varied forms, many of them unexpected, so the sooner the better for planning the rest of your life. Let CMS help you.

C/M

*by **Bill Pierson**, Director*
Communications
Colorado Medical Society



Harvey T. Sethman,

retired Executive Secretary of the Colorado Medical Society, died on August 17, 1989, in Denver. He was 89.

To give proper tribute to this man and his accomplishments on behalf of the physicians and citizens of Colorado would require a book.

Harvey Sethman was born December 31, 1899, just an hour before midnight and the turn of the century. Spanning any part of two centuries in a lifetime is remarkable, but "remarkable" was the cornerstone of his life and his career. He was educated in Denver and, after attending classes at the University of Colorado, then worked as a reporter and editor for the *Rocky Mountain News* from 1920 to 1929.

In 1929, Colorado State Medical Society President Samuel B. Childs, M.D., of Denver initiated a search committee to fill a newly-created position of Executive Secretary. That committee concluded its work in April of that year with the hiring of Harvey Sethman, who held the position for the next 35 years. Harvey's was (at the time of his retirement in 1965) the longest tenure of a state medical society executive in the United States.

He was a pioneer in national health planning, was a former president of the Medical Society Executive Association and, in 1948, received the University of Colorado Public Service Medal. In 1965, Mr. Sethman was awarded the CU Regents' distinguished service award.

He served in both World War One and Two, and was discharged from the Army Reserve Corps as a lieutenant colonel. He was a life member of the Denver Press Club, the Colorado Mountain Club, the AdAMan Club, El Jebel Temple and Colorado Consistory No 1.

Among the many "firsts" accomplished by Harvey Sethman in his medical career was the initiation and establishment in 1948 of the **Colorado Code of Cooperation Committee,** the truly first such medical, hospital, news media cooperative effort in the United States. It is ironic that the day of Harvey Sethman's death was the publication day of the 1989 revised Colorado Code of Cooperation's *Public Information Guidelines.*

> ***"Bouquets outnumbered brickbats."***
>
> *John S. Bouslog, M.D., Chairman*
> *Colorado Code of Cooperation Committee*
> *May 28, 1957*

With much thanks due to the late John S. Bouslog, M.D., and Harvey Sethman, Colorado Medical Society was a leader in establishing an effective working relationship with hospitals and public news agencies concerning the handling and dissemination of patient health information. Since its inception in 1948, the Code of Cooperation Committee has been a sanctioned committee of the Colorado Medical Society Board of Trustees/ Directors and has been effective in perpetuating the role of the physician as patient advocate. I am proud of the support of the CMS membership and the medical profession's ability to understand and relate to the journalistic role in the public's "right and need to know"

The Code of Cooperation Committee has not always been as its name implies. But there were periods of calm and cooperation. Looking back through the files it is interesting to quote from then-chairman of the Committee, John S. Bouslog, M.D., when he reported to the committee membership in 1957:

"This report will be brief. The six months since your semi-annual meeting have been unusually quiet, peaceful, and cooperative, Only one meeting of the Executive Committee has been held within this period. Bouquets outnumbered brickbats. There are no current unresolved gripes before the Executive Committee."

The Colorado Medical Society pays tribute to Harvey Sethman and his good works for the profession and for the public. We also choose this time to salute those organizations and individuals who have given their continued support to the Colorado Code of Cooperation Committee. CMS urges its members to obtain and abide by the Public Information Guidelines. Your efforts in communicating to the public is more important now than ever before. As patient advocates, you must communicate openly and freely.

The 119th Annual Meeting of the Colorado Medical Society House of Delegates at the Westin Hotel—Vail, Colorado September 14-17, 1989 will honor those members who mark their 50th year of medical practice. These physicians are honored on the basis of their date of graduation from medical school.

50 YEAR CLUB

Roscoe H Ackerly, MD
Ralph W Adams, MD
Martin M Alexander, MD
Martin E Anderson, MD
Floyd J Bjork, MD
Robert J Bliss, MD
George C Christie, MD
Bernard T Daniels, MD
James J Deroos, MD
Leo J Flax, MD
H Harold Friedman, MD
Leslie Grey, MD
Woodrow S Hazel, MD
John G Hemming, MD
Gerald H Hooper, MD
Harry D Jones, MD
Abraham J Kauvar, MD
Richard K Kerr, MD
William K Kuhlman, MD
William H L Leitch, MD
Lula O Lubchenco, MD
George W Marbry, MD
Gerald S Maresh, MD
Bennett W Muir, MD
Werner S Prenzlau, MD
Michael P Ryan, MD
John A Sims, MD
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Herbert A Tracy, MD
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Le Roy A Wilcox, MD
Roy E Wolfe, MD
Franklin D Yoder, MD
Frank N Zarlengo, MD

40 YEAR CLUB

Sylvan B Baer, MD
Marcus B Bond, MD
Gordon W Briggs, MD
Hendrika B Cantwell, MD
Richard L Conde, MD
Julius E Cook, MD
Thomas K Craigmile, MD
Victor A Crumbaker, MD
Windon H Davis, MD
Robert F Dillon, MD
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Earl M Sisson, MD
Raymond A Skeehan, MD
Kasiel Steinhardt, MD
Rollin L Thompson, MD
William G Turman, MD
Byron A Yost, MD

25 YEAR CLUB

George W Armstrong, MD
Pete H Baker, MD
Carl E Bartecchi, MD
Dennis J Battock, MD
Charles H Bedard, MD
Michael L Berman, MD
Gordon J Blakeman, MD
Frank P Bolles, MD
Robert A Brumfield, MD
Keren E Call, MD
James I Cease, MD
William J Ciccone, MD
J Valentine Cichon, MD
W William A Cox, MD
John C Cronin, MD
Raymond M Culp, MD
I Stephen Davis, MD
William E G DeAlva, MD
Lester S Duncan, MD
Edward C Elsey, MD
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Transplanting Fetal Tissue: How Ethics and Emotions Interact

by Cynthia E. Dafler, MSI

Ed. Issues such as fetal tissue research and transplantation, induced abortion, organ donation, and the like, transcend the merely medical. Yet medical people will again struggle with them at the 119th Annual Meeting of the Colorado Medical Society. Ms. Dafler draws on a variety of perspectives to aid physicians in addressing these increasingly thorny topics from the medical perspective. This paper was written for a medical student class in health issues.

As technology marches on, the inconceivable of yesterday becomes the commonplace of today. So it has been with organ donation and transplantation. In Colorado, we indicate our choice to be organ donors by a simple checkmark on the driver's license application. Organ transplants occur so routinely nowadays that we barely pay heed, unless a new and dramatic operation is attempted. In fact, the whole notion of organ transplants is so ingrained that we seldom stop to think about the ethical issues that surround this life saving procedure. We accept the idea that a healthy relative may donate a kidney or bone marrow to prolong the life of a loved one. We are moved when a grief stricken family donates the useable organs of the recently deceased. We are confident that our legal system and the professional ethics of health care providers combine to protect against abuse in this arena.

Why, then, is the relatively recent issue of transplantation of fetal tissue so explosive? Why are the ethical questions we thought we had answered with respect to organ donation, suddenly being raised again about fetal tissue transplants? In broad terms, fetal tissue is really no different from cadaver tissue. However, we find ourselves concerned (and rightly so) with potential abuses similar to those encountered in surrogate motherhood: trafficking in fetal tissue and exploiting the procreative capacity of the female. We lock horns with the excruciatingly divisive issue of induced abortion. And we confront head on the fundamental pain that accompanies the death of a child.

The legal protection we take for granted in cadaver organ donation is in fact in place for fetal tissue as well. The Uniform Anatomical Gift Act was adopted in all 50 states and the District of Columbia by 1972.[1(p206)] The Act allows for the gift of all or part of the body of a dead fetus for research or therapeutic purposes,[2(p.10)] provided either parent grants permission and the other does not object.[2(p.11)] Further regulations vary from state to state; six states totally prohibit research on dead fetuses obtained from elective abortions.[2] Additional regulations were passed in 1975 governing research and transplantation of fetal tissue,[1(p.205)] and research involving living fetuses is subject to the Health Research Extension Act of 1985.[1] Among the provisions of these Acts are the prohibition of experimentation with viable fetuses ex utero,[2(p.11)] language forbidding the artificial maintenance or deliberate termination of a non viable fetus, and the requirement that the knowledge or benefit to be obtained is not available by other means.[2] While the scope of this paper does not permit an in depth discussion of these Acts, suffice it to say that the area of fetal tissue research and transplantation is highly regulated. Recent successes in treating parkinsonism with fetal brain tissue transplants[3(pp.189-193)] have, however, raised questions concerning the specific abortion procedure to be used, the right of the mother to donate the fetus, and the definition of death, particularly with respect to anencephalic fetuses.[2(pp. 11-14)] Such concerns inevitably add fuel to the fire of the ongoing debate concerning the morality of induced abortion.

First, the abortion procedure used may be critical in determining the usefulness of the fetal brain tissue for transplantation. Dilatation and evacuation, statistically the safest method for the pregnant woman, is most damaging to the fetus; hysterotomy preserves the fetal tissue at greater risk to the mother.[2(p. 13)] Obviously, the woman undergoing the procedure must be aware of the differential risk in order to give informed consent. Second, the question arises whether the woman who chooses abortion has forfeited the right to act as proxy for the fetus.[2] This will be addressed shortly. Finally, the definition of death must be carefully delineated since a non viable fetus (such as the anencephalic fetus) may survive for a time ex utero, and the transplantable material material may deteriorate rapidly after death. We must guard against any procedure that would cause pain to the still living fetus, yet for the recipient to realize the benefit of transplantation, the fetus must be aborted and maintained in

optimal condition. These are areas in which regulations are as yet inadequately developed,[2(pp. 11,12)] chiefly because the issues are relatively new.

Further, the potential undeniably exists for commercial trafficking in fetal tissue. Without adequate regulation, it is conceivable that fertile women might be exploited to bear fetuses to a suitable age for abortion and subsequent tissue transplantation. Such a large scale scenario is, we hope, improbably in our society. Yet it differs but little from surrogate motherhood, and it is not inconceivable that the relatively wealthy individual in need of fetal tissue might pay a poorer woman handsomely to perform such a service. Taking it one step further, a woman might choose to conceive and abort to benefit an ailing relative. Even this apparently altruistic motive smacks of abuse. Regulations must prohibit payment of any kind for the fetus, and should further provide that the donor and recipient be unrelated and anonymous to one another.

The above concerns, however vital, are not central to the public debate concerning fetal tissue transplants. Such matters are dealt with (and rightly so) by legislators and medical experts. The debate we find in the popular press centers around a 15 year old controversy: the Supreme Court decision in Roe v Wade that essentially legalized induced abortion on demand. No amount of argument will bring the polarized American people into agreement on this issue. Clearly, those who view abortion as murder will condemn the transplantation of fetal tissue thus obtained. Many will argue that the woman may no longer make decisions relative to the abortus from which she has deliberately separated herself.[2(p.13)] Court decisions construing vehicular homicide statutes as applying to fetuses, and allowing a cause of action for pre-natal torts, apparently contradict the Supreme Court's interpretation in Roe v Wade that a fetus is not a person within the meaning of the Constitution.[1(p.205)] The issue of personhood of the fetus and the mother's right to donate the fetus must be decided; until then, it is not surprising that even those who condone induced abortion find themselves confused over the questions of fetal research and transplantation.

Clearly, the ethical concerns in this matter cannot be treated without reference to the passionate emotions aroused by the fetus itself. While the following is not an ethical discussion per se, I believe it is essential to understanding the nature of the debate and the very reason ethical and legal systems have developed over the ages.

It has been suggested that the controversy stems, at least in part, from the type of tissue being transplanted.[2(p.12)] The heart was once thought to be the core of the individual and the seat of emotion. We now recognize the brain as the source of cognitive and conscious function.[2] Thus, the question arises whether we alter a person's identity by transplanting brain tissue from another individual. While this question may seem farfetched, it has been raised very seriously by fellow scientists, [2] and it must not be dismissed. One need only recall the controversy generated by the transplantation of a baboon's heart into Baby Fay to appreciate how very real such concerns are to the general public.

Another crucial issue is the naturally protective feeling we as a species have toward our young. We have evolved laws and belief systems geared to the protection of children. This instinct (along with moral and religious considerations) is certainly operative in the anti-abortion movement. Clearly, those who condone abortion do not delight in the death of an infant; in simplistic terms, they view the fetus as something pre-human and pre-alive. Yet somehow, the very fact of using fetal tissue to benefit a living person makes it just a little more difficult to maintain this central belief that the abortus was not itself a living person. It is no wonder, then, that the use of fetal tissue has sparked considerable debate. It challenges our concepts of life, personhood and individuality, and at the same time tests our innate drive to preserve young life.

The story has only begun. It is likely that the evidence in favor of fetal tissue transplants will become more compelling and that new applications for the technique will be found. As the debate intensified, legislators, researchers and ethicists must work together to resolve the issues raised here to the satisfaction of the people. At all costs we must avoid abusing the fetus, exploiting the woman and commercializing procreation. We must guard against insensitivity to the human reverence for life, particularly young life, and the reproductive process. The transplantation of fetal tissue has the potential to prolong and enhance the life of the recipient. Careful consideration of the ethical questions surrounding this technique will ensure the full realization of this benefit while protecting and respecting all of the persons and lives involved.

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1. King, P. and Areen, J.: Legal Regulations of Fetal Tissue Transplantation, *Clinical Research* (April 1988)
2. Mahowald, M., et al.: The Ethical Options in Transplanting Fetal Tissue, *Hastings Center Report* (February 1987)
3. Hoffer, B., et al.: Catecholamine-Containing Grafts in Parkinsonism:Past and Present, *Clinical Research* (April 1988)

Cynthia Dafler is a second year medical student at the University of Colorado Health Sciences Center. Her preceptor, Nancy Nelson, MD, Associate Dean for Student Affairs and a former member of the Board of Directors of the Colorado Medical Society, says Cynthia "gives Colorado physicians a fresh viewpoint as one of our future."

Many of the issues raised in this article will be discussed at the annual Meeting, September 14-17, 1989. Please register and plan to attend in order to make your opinions known and have an effect on the official positions of the Colorado Medical Society.

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IN MEMORY

Aurthur E. Prevedel, MD died in December, 1987

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Lawrence C. Winnick, MD died April 11, 1989

Harry M. Muffly, MD died May 12, 1989

Francis C. Kane, MD died May 3, 1989

Raymond A. Nethery, MD died June 2, 1989

Osgoode S. Philpott, Sr., MD died June 21, 1989

Allan Hurst, MD died June 24, 1989

Fred T. O'Day, MD died July 2, 1989

John D. Gillaspie, MD died July 3, 1989

William C. Black, Jr., MD died July 27, 1989

Samuel Levine, MD died August 5, 1989

Laura K. Betzer, MD died August 11, 1989

CMS Environment Committee Meets with Rocky Flats Officials.

(Ed. See CMS Med Fax of August, 1989 for background on this meeting.)

Albert Hazle of the Radiation Control Division of the Colorado Department of Health has been assigned as a permanent observer at the Rocky Flats site. Regarding the environmental safety of the plant, Mr. Hazle assured the CMS Environment Committee that there are no immediate or urgent threats to the public health.

Water, for instance, has never been shown to have migrated off the plant site and water test sites in the surrounding neighborhoods are consistent with national norms for the same substances. There are some anomalous levels of certain organic compounds but no evidence indicates they came from the plant. Since the plant does deal with some of these substances, the Committee urged extra caution in their activities with these substances.

Airborne contamination was also an issue addressed at the meeting. Mr. Hazle says that levels of air carried pollutants are well below the applicable standards and the highest levels in the community are only a few thousands of a percent of allowable levels. The presence of these substances, says Mr. Hazle, is primarily due to worldwide fallout and contamination which might have occurred in the 1960's and 1970's before present day safeguards were instituted. Again, there is no pattern identifying the plant as the source of the fallout. On the contrary, levels on the plant site and the surrounding residential communities are lower than national norms for undisturbed areas. Mr. Hazle attributes this to soil disturbance caused by building activities, which bury the normal fallout far enough so that it is not easily detectable.

For more information you may contact Mr. Hazle at (303) 331-8480. For more information on the Committee on the Environment of CMS, contact Ellen Stein at (303) 779-5455 or 1-800-654-5653.

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AMA Trustee To Address Colorado Medical Political Action Committee At Annual Meeting

COMPAC to place renewed emphasis on physician liaison with local, state and federal elected representatives. Keynoter will share political experience and skills with CMS members.

Jerald R. Schenken, M.D., Member, Board of Trustees, American Medical Association, will be the speaker at the COMPAC Luncheon to be held Friday, September 15th, at the CMS Annual Meeting, Vail, Colorado.

Doctor Schenken, a pathologist in private practice from Omaha, Nebraska, was first elected to the Board of Trustees in 1985, and was re-elected in June, 1988, and at the same time elected to its Executive Committee.

Doctor Schenken is director of the laboratories at the Nebraska Methodist and Children's Hospitals in Omaha. He is a member of the Board of Directors of the Nebraska Methodist Hospital Foundation.

He was an elected Delegate to the 1986 White House Conference on Small Business. In May, 1988, Doctor Schenken was elected as the Republican nominee for the U. S. House of Representatives in the NE-2 Congressional district. He has been a member of the AMA's Council on Legislation since 1981, serving as Vice Chairman in 1982-84 and as Chairman in 1984.

In addition to the many other public and professional offices held, Doctor Schenken has served as Vice Chairman of the Committee on Health Care and Service of the White House Conference on Aging and as a member of the United States Office of Technology Assessment Advisory Committee on Physician Reimbursement.



Jerald R. Schenken, M.D., member, Board of Trustees, AMA; featured speaker CMS Annual Meeting COMPAC Luncheon Sept. 15

During his service as a Trustee to the Board of AMA, he has seen a dramatic increase in the "Capitol Hill" activities of the AMA, principally in defense of the science and art of medicine.

Throughout this difficult period of drastic change in the medical profession, Doctor Schenken has been and continues to be an excellent spokesman for the medical professional. You will enjoy his address, and will learn valuable tips in dealing with government, be it local, state or federal. We urge your attendance at the COMPAC Luncheon on September 15, at Vail Westin Hotel.

HOUSE OF DELEGATES

RESUMÉ

Reports & Resolutions to be Considered

Colorado Medical Society

Annual Meeting
Westin Hotel-Vail

Sept. 14-17, 1989
Vail, Colorado

OFFICIAL CALL:

The 119th Annual Meeting of the Colorado Medical Society will be held at the Westin Hotel in Vail, Colorado. The first session of the House of Delegates will convene at 9:00 a.m. on Friday, September 15, 1989. The **General Membership meeting** will be held at 9:00 a.m. on Saturday, September 16, and the second session of the House of Delegates will convene at 1:00 p.m. on Saturday, September 16.

Harold F. Frye, Executive Director

This RESUMÉ includes only those actions to come before the House which should, in our judgment, encourage you to attend the pre-Colorado Medical Society meeting of your component society to discuss reports and resolutions in which you are interested or to attend meetings of the Reference Committees which will consider these reports and resolutions. It is in this way that you can most effectively influence the direction of organized medicine in this constantly changing decade of medical practice. Reports and resolutions are listed by Reference Committee assignments.

REFERENCE COMMITTEE ON BOARD OF DIRECTORS/EXECUTIVE OFFICE

BD-2 Progress Report, Board of Directors
.....Report contains minutes of the Board of Directors since the Interim Meeting. Actions of the Board are highlighted. Also of interest is the proposed budget for 1989-90.

REFERENCE COMMITTEE ON LEGISLATION/PROFESSIONAL EDUCATION

RES-21-P University of Colorado Health Sciences Center
.....Resolves, that CMS help reduce the unfair advantage physicians at UCHSC have over private practitioners by recommending that State funds not be used to subsidize the private practice of UCHSC staff physicians and
.....Resolves, that CMS work to rescind the $150,000 liability cap for UCHSC physicians.

RES-30-A Annual Session Scientific Program
.....Resolves, the CMS shall discontinue direct sponsorship of scientific programs at its Annual and Interim meetings.

RES-34-A Physician License Renewal Fee
.....Resolves, that CMS bring to the attention of the legislature and the Board of Directors of the Board of Medical Examiners the oversight of a license fee of $289 per year for the retired physicians performing voluntary, professional services.

RES-38-A Medical Licensure

.....Resolves, that CMS pursue all administrative and legislative remedies to 1) establish a retired and limited practice category of medical licensure, requiring only a small fee to cover administrative expense of this licensure and 2) exempt retired and limited practice physicians from requirements to carry professional liability insurance.

RES-42-A Control of Fireworks

.....Resolves, that CMS support legislation to control the sale of fireworks and to draft legislation to pass a reasonable and enforceable law that will protect our citizens from the dangers of fireworks.

RES-44-P Ophthalmologic Post-Operative Care

.....Resolves, that the Council on Legislation of CMS be instructed to attempt to get legislation for the state of Colorado specifying that post-operative ophthalmologic care is considered the practice of medicine and can only be provided by an ophthalmologist or other medical practitioner.

REFERENCE COMMITTEE ON COMMUNITY HEALTH ISSUES/MEDICAL SERVICE

RES-24-A Rescind Policy on Termination of Pregnancy

.....Resolves, that CMS rescind any policies that take a position either in favor or against the right to an abortion, respecting the moral convictions of the membership as a whole. Rather, the Society shall prepare a statement of fact regarding abortion, medically, ethically and morally, reflecting both the majority and minority positions of the members on this controversial issue.

RES-27-P Policy on Euthanasia

.....Resolves, that a proposed policy on Euthanasia be adopted.

RES-29-A Deaths Related to Tobacco Use

.....Resolves, that CMS take an active role in urging physicians and coroners in Colorado to report this information when completing death certificates, and

.....Resolves, that CMS urge the medical schools and residency programs to include information about the accurate completion of death certificates in their training programs.

RES-39-P Drug Abuse in Athletes

.....Resolves, that CMS endorse educational activities at the elementary school through high school level on drug abuse in athletes, and

.....Resolves, that CMS support drug testing for anabolic steroids of middle school and high school athletes in competitive sports.

RES-40-P Distribution of Medically Indigent Monies

.....Resolves, that CMS request that monies currently available and any monies made available by future legislation or state amendments for serving the medically indigent be equitably distributed among qualified institutions.

RES-46-A Cigarette Tax Ballot Initiative

.....Resolves, that CMS actively support and lobby for the proposed 1990 cigarette tax ballot initiative which would raise an estimated $70 to $80 million, 76% of which shall be for medically indigent health care and 24% for prevention, education and research.

REFERENCE COMMITTEE ON PHYSICIAN/PATIENT ADVOCACY

RES-28-P Private Review Agents

.....Resolves, that CMS seek introduction of legislation in the next session of the Colorado legislature to require state certification of all private, non-government utilization review agents.

RES-31-A HCFA Regulations

.....Resolves, that CMS urge HCFA to examine the impact of its own regulations on the increase in health care costs; and

.....Resolves, that CMS encourage the Department of Health and Human Services and HCFA, when determining increases in health care costs, equitably assess all contributing cost factors in each situation and correspondingly manage the costs in all areas other than just physician providers.

RES-41-P Case Management

.....Resolves, that CMS endorse the utilization of qualified geriatric care managers for the coordination of screening and assessment of long term care applicants, and for the subsequent development, implementation, monitoring and reassessment of a plan of care, and

.....Resolves, that CMS seek the implementation of enabling legislation to assure the qualification of care managers.

RES-43-P Medicare and First-Year Medical Practitioners

.....Resolves, that CMS ask the AMA to take the necessary steps to remedy the fact that Medicare has established a fee schedule for first-year medical practitioners that is less than that paid to the other providers.

REFERENCE COMMITTEE ON CONSTITUTION, BYLAWS AND CREDENTIALS

RES-22-A Change in CMS Bylaws Regarding Direct Membership

.....Resolves, that the Bylaws be amended so that any physician who is not a CMS member may join CMS as a direct member without also joining a component society if the component society has chosen to offer local membership.

RES-26-A Change in Bylaws to Allow Directors on the CMS Board Voting Privileges in the House of Delegates

.....Resolves, that members of the Board of Directors be allowed voting privileges in the House of Delegates.

RES-36-A Change in Eligibility Requirements for Grievance Committee Members and Judicial Councilors

.....Resolves, that the Bylaws be amended to include an eligibility requirement for Grievance Committee Members and Judicial Councilors that provides that such members may not serve if their medical license is under stipulation or restriction by the Board of Medical Examiners.

RES-47-A Change in Bylaws to Add Academic Membership Classification

.....Resolves, that the Bylaws be amended to add a classification of membership for members employed full-time at an accredited teaching institution in Colorado with dues paid at 70% of annual active dues.

The Board of Directors at its August 4, 1989, took the following actions:

- Reaffirmed the COPIC Agreement with two amendments.
- Approved the the revised Strategic Plan and forwarded it to the House of Delegates with a recommendation for adoption.
- Approved requesting the AMA to re-address their position on the cap on balance billing and consider the impact that other Part B providers are having on total expenditures.
- Approved accepting the Executive Director's report on the Government Relations Department; thanking Mrs. Tempest for her many years of service; charging the Executive Committee with finding the appropriate way to express CMS' appreciation for her services; having the Executive Director hire a Director of Government Relations; and having the Executive Committee determine where the Government Relations department should be placed within the organization.
- Adopted as policy that the spending of any of the principal and earnings of the reserve fund requires a 2/3 affirmative vote of the Board of Directors.
- Approved the calendar for 1989-90

September 14-17, 1989	CMS Annual Meeting - Vail Westin
September 21, 1989	Executive Committee
October 6, 1989	Board Meeting
November 2, 1989	Executive Committee
November 17, 1989	Board Meeting
January 18, 1990	Executive Committee
February 2, 1990	Board Meeting
March 22, 1990	Executive Committee
April 6, 1990	Board Meeting
April 26-29, 1990	CMS Interim Meeting/Conference on Medicine in the '90s
May 31, 1990	Executive Committee
June 15, 1990	Board Meeting
July 19, 1990	Finance/Executive Committees - Budget
August 3, 1990	Board Meeting
September 13-16, 1990	CMS Annual Meeting - Keystone
September 21, 1990	Executive Committee
October 5, 1990	Board Meeting

- Adopted as policy that a reserve fund be built to include a minimum of six months of operating expenses.
- Adopted as policy that any monies taken from reserve principal must become a budgeted item for the next three years and be repaid to the reserve fund.
- Approved the proposed 1989-90 budget and forwarded to the House with a recommendation for adoption.
- Endorsed continued support of the Channel Nine Health Fair.
- Approved continued participation in and sponsorship of the Coalition for a Tobacco Free Colorado.

Seminars Scheduled on AIDS and Medical Informatics

Plan to attend THE HIV EPIDEMIC: WHAT'S DIFFERENT IN COLORADO, a workshop scheduled for Friday, September 15 at 3:30 in the Cascade Theater on the Second Floor of the Westin Hotel-Vail.

This conference will feature a panel discussion covering the subjects of 1) The Status of HIV/AIDS Epidemic in Colorado - how it is different from the rest of the nation, including information on salient developments and the Colorado law; 2)Unique Protections for Physicians in Colorado - legal and risk management aspects; and 3) What Primary Care Physicians Must Do - information about new potential high risk groups in Colorado and the role of physicians in testing and counseling these patients.

Panel members will be Thomas Vernon, M.D., Executive Director of the Colorado Health Department; George Thomasson, M.D., COPIC Risk Management; and Judith Reynolds, M.D., Medical Director of the Health Center at Colorado College. Find out how Colorado is unique in dealing with this world wide epidemic.

The systematic organization of medically related information in an effort to improve the quality of medical decision making is a developing discipline called "**Medical Informatics**".

The Medical Informatics Committee of CMS is sponsoring a seminar entitled MEDICAL INFORMATICS: MORE THAN BILLING. The seminar is scheduled for Friday, September 15, at 2:00 p.m., in the Colorado River room at the Westin Hotel in Vail.

Following opening comments by Dr. William Braithwaite, Chairman of the Medical School Department of Preventive Medicine and Biometrics and Director of the school's Computer Center will be a panel of presentations: George Thomasson, M.D., COPIC Risk Management - "Non-Computer Informatics"; David Steinman, M.D., President of Clinical Reference Systems, Inc. - "Clinical Software for the Physician's Office"; Clinton Carter, M.D. of Physician Shared Services - "Medical Computing in an Office Setting"; Lee Anneberg, M.D. from AMI Pres/St. Luke's Medical Center - "Hospital Applications for Physician Linkages and Communications"; and Richard Trenda, DVM - "The Use of Computers in Medical Education". Computer demonstrations of each presentation will be set up for review.

Also planned is a lively debate between a computer literate physician and a computer literate lawyer on PRIVACY AND CONFIDENTIALITY IN MEDICAL INFORMATICS.

The effective use of medical informatics will occur only when there are enough individuals within the health care fields who understand the potential applications of this developing discipline. You are urged to attend this informative seminar and bring yourself up to date on the benefits and barriers of the use of this approach in the future of medical practice.

The seminar planning committee included Dr. Braithwaite, Dr. Steinman, Dr. Thomasson and Barbara Drury, President, Pricare, Inc.

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Retirement: What's In It For Me?

(Ed. The following special section on retirement heralds the inception of a new department of Colorado Medicine. To meet the growing demand for information on this vital topic, we will periodically carry articles similar to those that follow. Comments and/or suggestions would be appreciated.)

by Michael P. Thompson
for **Colorado Medicine**

What is your vision of retirement?

Do you think of endless hours on the golf course? Finally spending more time with your spouse? Travel? Playing with grandchildren? Fishing? Writing the great American novel? The quality of your preparation will determine how well your dreams are fulfilled. Are you ready?

Retirement Planning is like the weather; those who talk about it are more numerous than those who are doing a good job of it. How can the physician be prepared for retirement? What are the issues? What are the pitfalls and how are they avoided?

We put some of those questions to Dorothy Eggen, Director of the private, non-profit Preretirement Planning Institute. This Lakewood firm has been in the business 25 years, counseling under contract for business, industry and government entities.

Ms. Eggen says the Institute deals in five primary areas when counseling about retirement: Financial, Legal, Health Maintenance, Housing and Relocation, and Transition. Under these broad categories fall the nitty gritty details of how to be ready for retirement before it is ready for you.

One aspect of this issue that may surprise you is the fact that your higher income may have made you less prepared for retirement than someone in a lower bracket. Ms. Eggen postulated that lower income people have had to plan more effectively out of necessity, while others have had the luxury of letting it slide. That kind of attitude can backfire, however, when the income producing activity is curtailed by retirement and the preparation has not been solid enough.

Engineers, on the whole, tend to be good financial planners, said Ms. Eggen, since they are trained to think and plan systems as part of their profession. The scientific training of the physician should give that same edge, however, many physicians slide the responsibility off onto someone else (more information on how to effectively select a good financial planner later) or, as we mentioned before, to put it off until a more opportune time (remember the story of the ant and the grasshopper?).

Physicians, like anyone else, must plan carefully and thoroughly for the future, else much of their hard work and diligence in medicine will be wasted in respect to their own well being later. You can't plan for retirement in 15 or 20 minutes of filling out forms for a planner, says Ms. Eggen. Retirement involves some of the most important decisions you'll ever make, and lack of careful management is one of the primary pitfalls in the process. Be ready and take the time to do it right.

A qualified professional financial planner can be a significant boon to the process of retirement planning. Ms. Eggen says selecting one is just like selected any professional advisor, even a physician. It has its risks, but with care and thought can be done effectively.

The Institute works with financial planners in developing their training sessions and they are very selective about the people they use. They require either a Master's degree in the field, a Certified Financial Planner, or a Chartered Financial Planner. Such academic credentials don't guarantee a good planner, says Ms. Eggen, but they do show that this person has put in the time and effort to achieve that status. Many good financial planners don't have these credentials, but there is no reliable way to tell them from the less qualified or ethical.

Ms. Eggen says that the insurance industry has done a good job in recent years in keeping their people up to date on retirement planning issues. "A lot of good financial planners today do come out of brokerage houses," she says.Once thought of as a shark infested pool of product pushing salesmen, the insurance industry today tends to be more service oriented. That has led them to feed current information to their people and to encourage them to pursue further education in this area. Banks and other traditional planning institutions have been slower to adopt this trend but are doing so as well.

How should you go about choosing a retirement planner? You can check the professional societies (corresponding to checking whether a physician is a member of CMS) says Ms. Eggen. Even better, is to ask your friends. Not blindly though. "Good Old Charlie's brother-in-law" has sunk enough ships through shoddy work that we ought to be able to recognize that trap (see recent issues of medical economics magazines). Ask for personal references. Find out what a colleague likes or doesn't like about a particular planner. What are their specialties or limitations? How are their personalities likely to fit yours? These are the questions you ask of friends concerning their financial planners.

Once you have **at least** 3 names (preferably more) make appointments with all of them for an initial consultation. They may charge for this, but you are investing in your own future so pay it. When you call for the appointment, ask the receptionist or planner what to bring. You want to be fully prepared before you go on the

clock. You will need records, financial statements and lots of other information. Now, go in there and *investigate.* Ask the planner for specific details of how he/she can help you. Ask for credentials and/or qualifications. Try to get an idea of how you could get along with this person in a long term relationship. Once they see you are serious about this, most planners will be more than happy to put in the time to do a good job for you. The better job you do laying the groundwork, the better it will pay when you lay back in comfort at retirement, free to do as you have planned.

What are the pitfalls of retirement planning? Overinsurance, surprisingly enough, is one of them. "Many older people are overinsured," or have inappropriate insurance, says Ms. Eggen. Perhaps they have policies which duplicate each other's coverage, or perhaps they have bought a policy with very low premiums but has a very narrow coverage. Another area of confusion is Life Insurance vs. Liability Insurance. A younger person has a greater need for life insurance, but the balance tips the other way as that person grows older. Good advice is necessary in this area. Health insurance is also a problem area. "We find people who are woefully overinsured in the medical field," says Ms. Eggen, noting that they are often people who bought one or more extra policies because of TV ads or celebrity endorsements. Again, duplicate or narrow coverage leads to extra cost without extra benefit.

Another potential alligator pit is the Estate. "Most people don't really know what they have." Do you know how much you are worth? How much of it is taxable, how to pass it on effectively to your heirs, how to set it aside for retirement. Ms. Eggen says most people are surprised by the size and makeup of their estates. That kind of surprise you don't need.

"We help people to understand what an estate is." says Ms. Eggen. There are differences between the employer portion of an estate, (benefits, Social Security, PERA or whatever) and the personal portion. These differences may be even more critical for a self employed person or the owner of a business (such as a medical practice). Plan for these differences and you'll be better off.

One thing everyone should have, says Ms. Eggen, is an up to date Personal Financial Statement. You may have made one years ago, or never. Now is the time to make one; a good, accurate, detailed and current one. Without a concrete idea of what you have to manage, you'll have a hard time managing it.

Finally, she says, lack of careful management kills a lot of retirement plans before they get out of the nest egg stage. It is easy for the resident or the beginning physician to put off such planning. After all, you've got years, right? Then the practice takes up a lot of time, and you've got a family and everything,. You make a couple of investments and hope for the best. Before you know it, you've only got a few years left before retirement and so little time to make an effective plan. *Now* is the time to start. Purposeful, diligent planning is the way to do it. These are the decisions that will affect the entire course of your life in a few short years. You owe it to the self you will become to do the job right. Right?

Dorothy Eggen is the Director of the Preretirement Planning Institute, a private, non-profit corporation serving the Denver area in retirement planning services .

The Institute started some 25 years ago as an educational adjunct to the University of Denver, and was affiliated with the Adult Education department of the Denver Public Library for some time until breaking off to serve the public more directly and on a larger scale. It remains a 501 (c)(3) tax exempt educational organization whose purpose is to train people to manage their retirement more effectively. Ms. Eggen says, "I don't know of any other organization in the country doing what we are doing that is 1) Private and non-profit and 2) Not under some umbrella organization."

The Preretirement Planning Institute serves clients nationwide from their headquarters in Lakewood, Colorado. They can arrange seminars for groups of 10 or more employees and are happy to provide referral services and information. Call (303) 238-1177 for more details.

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So This Is Retirement?

Mason M. Light, M.D., recently honored by Western State College in Gunnison with an honorary Doctorate of Humane Letters, has been retired for 10 years. To look at his life, though, you'd be hard pressed to prove it.

Western State, located in Gunnison, where Dr. Light has practiced since 1942, made him only the 10th person in the 78 year history of the school to receive its highest honor. According to college President William T. Hamilton, "His career exemplifies the kinds of accomplishment an honorary doctorate is designed to recognize. He has been a good friend to Western State College, to his community, and to the world."

That last part, about the world, did not come until his retirement from active practice in 1979. Dr. Light was born in San Francisco in 1915, moved to Denver with his family in 1929, was graduated from the University of Denver in 1936 and received his Doctorate of Medicine from the University of Colorado School of Medicine in 1939. After post graduate training in Toledo and Chicago, he practiced for two years in Denver before moving to Gunnison. He served as the college physician until, after the war, community leaders talked him into opening his own practice in Gunnison, along with a satellite office in Crested Butte.

In the past ten years (of retirement) Dr. Light has found the time and energy to share his medical skills with Native Americans throughout the West (He has worked as a volunteer physician for the Indian health Service, spending time in Arizona, Idaho, Montana, Oregon, and Washington.) and with other refugees in Hong Kong (1980), the Philippines (1982), and Thailand (1985).

The overseas assignments were under the auspices of Rotary International, and the patients have also been far from home. In Hong Kong and the Philippines, for instance, he worked with Vietnamese boat people and in the Sudan, refugees from the civil wars in Ethiopia. In Thailand he was senior physician for three medical students from Georgetown University. Together they ministered to the needs of both Vietnamese and Cambodians, despite the fact that the two countries were at war with each other at the time.

The most depressing of his trips were the experiences in the Sudan, due to the starvation, malnutrition, primitive conditions and poor facilities, but those are some of the things the medical profession exists to combat. He now serves as a relief physician for the Indian Health Service while the regular staff leave for further study or vacations.

Western State is not the first entity to notice the exemplary contributions of "Doc Light", as he is affectionately known. He has received four Presidential Citations from Rotary International, a Meritorious Service Award from the Colorado Easter Seal Society, the Community Service Award from the University of Colorado, the Professional Man of the Year Award from the Gunnison County Chamber of Commerce, Recognition Award from the American Cancer Society and the Distinguished Citizen Award from the Grand Lodge of the Order of Elks.

Standing beside her husband all these years has been Betty Light, who describes herself as "a proud wife". In 1942 she shared a room in Western State's Coronado Hall with Dr. Light, and today joins about 3,000 new residents of Gunnison County, delivered by her husband, along with the college and other residents of the town in honoring their deeply loved Family Practitioner, Mason M. Light, M.D.

Volunteer Retirees: An Idea Whose Time Has Come?

The impression among physicians who do it, is that they are fairly rare, but we were able to find a number of retired physicians who volunteer their services in one way or another.

One of them is **David J. Greiner, M.D.**, a Colorado Springs Obstetrician/Gynecologist who heads up the El Paso County Medical Society task force on the new BME malpractice insurance licensure requirements. (See **Colorado Medicine** for August, 1989, p. 252 and CMS MED FAX, inside back cover) One reason Dr. Greiner retired was the malpractice problem. He says he was "tired of the hustle, bustle and the malpractice insurance."

He says the surprising changes in patient attitudes also made it difficult for him to do the same job he had been doing. "They expect too much.," he says of the modern patient, they seemed to want instant cures for everything. he also grew tired of government and third party

continued on following page...

Volunteer Retirees... from previous page

payor restrictions coming between him and his patients.

Don't get the impression that this was not a good life, though. Dr. Greiner did enjoy the obstetrics end of medicine especially. "I miss the practice." he says of delivering babies, "Mostly obstetrics is a happy practice."

Was he ready for retirement when it came? "I didn't start soon enough, I can tell you that." says Dr. Greiner. "The younger physicians are planning better. We should have started 30 years ago."

Irving H. Schwab, M.D. is another physician who maintained an active life after retirement. His health isn't so good now, but for several years this general practitioner provided medical service to American Indian peoples in the Western United States. "I had read a lot about Indian lore and was interested," he said, "I wanted to see what kind of health service they generally gave them."

Dr. Schwab served on the Navaho Reservation in Ganado Arizona, as well as on the Wind River Reservation in Wyoming and the Shoshone Reservation in Browning Montana, where he worked with the Blackfeet people. His mornings with the Navaho, for instance, were spent at the hospital, after which he went out on emergency calls. In his spare time, Dr. Schwab absorbed the culture of the people, watching the Corn Dance, or the Spring Dance and talking with the residents.

Bridging the cultural gap proved to be difficult, he says, especially trying to get the Indians to cooperate with the unfamiliar ways of the white people. They would often wait until a sickness had become quite serious before coming into the hospital, then go back to their homes and stop taking their medicine, preferring the treatment of the tribal healers over the white man's medicine.

Most of the medical health service on the reservation is volunteer work like Dr. Schwab's, but he doesn't know of many physicians who are interested. Maybe this is an example for other CMS members to emulate.

One of the best opportunities for volunteer medical service is in ophthalmology. Along with audiology, it is an area widely targeted for public school screenings and referrals. **Richard F. Fixott, M.D.** is a retired Ophthalmologist who does a lot of work in this area for the public schools in Huerfano and Las Animas counties in Southern Colorado.

First, he says, the school nurses screen the kids and select the ones who will need a more thorough exam. They dilate the pupils (after training from Dr. Fixott) and he comes to the school to see them. If there are a lot of children at a particular location who need to be seen, he and Dr. Gregory Baron, who took over his practice when he retired, both do the exams. "We do a *reasonably good* refraction." says Dr. Fixott. They refer cases where more complete treatment is needed to a practicing ophthalmologist in the area.

Dr. Fixott then prescribes glasses for those who need them and the families are responsible to get them. There are sources of payment for those who can't afford it. Dr. Fixott says the physicians in the program, which is state sponsored, do get mileage and some expense money, making it easier for someone on a retirement income to participate. "It just about covers my medical license fee." he says of the payment.

Dr. Fixott keeps an eye out for other medical problems and refers to area physicians if necessary. He also faces some unique obstacles in some cases. In Colorado Springs, for instance, he sees a lot of children with multiple handicaps. "Some of them don't talk." he says, making it difficult to determine what they can see and what they can't. He uses visual aids and other objects and watches their reactions.

Dr. Fixott got attracted to this kind of work as a military physician overseas, but he doesn't see as much interest among the younger physicians of today. Another opportunity for service by caring physicians. After all, isn't helping people what medicine is all about?

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*Watch for our Denver Seminar, Nov. 15. See the October CMS Journal for details.

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Retrofit Your Life: Start the Transition Now

If You're 40 years old or older, you should have your plans well under way. Surprises are not uncommon.

Where To Start

Until just a few years ago, physicians were not covered under the Social Security Act; therefore, they did not make contributions to the Social Security Fund until 1969, nor did they have employers who were contributing on their behalf. That has been changed. As all physicians know, personal destiny has become more and more controlled by outside forces.

Even though you have not been involved in the Social Security program for many years, and though this supplemental retirement income may be small in comparison to your personal needs, your Social Security is an important building block.

How do you determine just what your Social Security eligibility is? In this issue you'll find a form to complete. As you will see, the return address is to Dick Martley, CLU, ChFC, at COPIC AGENCY. He will provide you with the complete printed summary of your Social Security records and, if you wish, an analysis of your own needs beyond social security benefits. In other words, he can advise you how you can maintain and protect your needed retirement earnings through disability insurance, supplemental insurance, investments, annuities, etc.

There's no charge for this; we feel strongly that Colorado Medical Society member services should include as many options as possible for advice, counseling and planning aid. Or, if you wish, Dick will simply send along your Social Security earnings statement with no contact. He and COPIC AGENCY are doing this only as a member service. COPIC Insurance Company and COPIC Agency are both CMS member benefits. We encourage you to take advantage of their services. COPIC Agency is a co-sponsor of the Retierment Seminar at Vail. This is the second such retirement seminar sponsored by COPIC.

As the Social Security Administration says, Social Security is a program that touches the lives of nearly all Americans, providing a package of protection for you and your family when you retire, become severely disabled, or die. Social Security is a base you can build on with savings, insurance and investments. You can now determine, by requesting this statement, how much you have paid in Social Security taxes, an estimate of your future Social Security benefits and how the program will work for you and your family.

Don't worry about reporting your yearly income. . . the form to Social Security asks for your ***"future average yearly earnings"***. The form also asks that you "Only show earnings subject to Social Security tax". That means you only indicate the maximum taxable earnings under the Social Security Act, which is currently $48,000. You need not show anything beyond this figure.

The role of the younger physician is to start this planning early, particularly because of possible . . . .

Surprise Retirement

What are the factors which decide retirement? You think the principal factor is **when you decide to retire . .** but that's far from the case. There is voluntary retirement, forced retirement, which can be any circumstance that prevents you from being able to practice medicine (such as a physical disability), and there are the wholly outside factors which can force change in your lifestyle, i.e., family or personal financial difficulties which require sale of practice; physical-medical needs of a member of your family. That's **Involuntary retirement!**

Are you prepared to deal with the unknown? Is there an option to you in protecting your practice, your family and your assets **if chance is the deciding factor?** This is one of the subjects which will be addressed at the Retirement Seminar to be held at the CMS Annual Meeting, September 16, 1989, at Westin Vail Conference Center. Whether or not you attend this seminar, you should be thinking about personal planning now which would allow you to make any necessary transition from your present practice to that of **voluntary or involuntary retirement.**

Colorado Medical Society Auxiliary and the COPIC AGENCY have seen the need for just such planning, because from the physician spouse's view, retirement can be a pleasant transition or a traumatic, long-term set of circumstances. Get your planning under way now. . . it's not too early.

C/M

Leisure Investments? Isn't That an Oxymoron?

Mr. Jeremy Black, the subject of this interview, is with the Interfinancial Corporation, 8101 E. Prentice Avenue in Greenwood Village, Colorado. They are a group of independent investment advisors, not owned by an insurance company and they do not underwrite specific securities. For more information, contact Interfinancial Corporation at (303) 773-8500.

Leisure investments are investments that are also fun. Yes, such a thing does exist, says Jeremy Black, investment counselor.

Once you have your basic needs covered, says Mr. Black, "Then you move into the fun stuff, like coins or stamps." That first caveat needs to be taken seriously though. Mr. Black's two rules are: 1. Cover your basic income needs first, and 2. Make sure your income will keep pace with inflation; in other words, incorporate some growth.

Once you have those bases covered you can look into investments in things that you enjoy. There is a warning though, "If you become attached to these things," says Mr. Black, "you become a collector." That's not bad, but you have to remember the difference in priorities between the collector and investor and structure your program accordingly.

Your emotional attachment to your investments determines whether you are more a collector or an investor. Then again, that's why these are leisure investments and not serious investments. They are insulated from the main body of your income producing investments and you can have some fun with them.

What kinds of items fall into the category of leisure investments? "Coins have performed very well," says Mr. Black, "as have stamps." He says a lot of retired people have also decided to speculate in futures. Even though it's a leisure investment, you have to take it seriously. "It's like learning a new job." says Mr. Black, due to the complexity of the market. That can be attractive to the retiree who is used to new horizons and new challenges and is now facing the prospect of finding nothing more challenging or exciting with which to occupy time. The most significant factor in the futures market, according to Mr. Black, is learning how to manage your total capital account. Most people think that knowing when to get in and out of the market is the key, but Mr. Black compares the process to a Las Vegas card game. You have to know when to bet heavily or lightly, when to switch tactics, when to hold off or plunge ahead and you have to be able to count the cards. "The money management system is the common denominator of success." according to Mr. Black.

Precious gems are another item whose investment potential is widely misunderstood. Most people think that diamonds are the only item worth a look, but Mr. Black sees those as kind of boring and generic compared to other gems. Dealers, he says, are very disciplined about how many diamonds they let on the market, so the price stays fairly high and fairly stable. Other gem markets are not so structured, so the small investor has a better chance with them. Besides, with gems, you have something beautiful and exciting you can take out to admire and show to friends, as opposed to a certificate of stock or something like that. The lesser known gems aren't all that expensive, but Mr. Black recommends seeking out an expert counselor, as the unwary can be easily taken for a ride in this mysterious and volatile market.

Mr. Black's current personal favorite is currencies.It's like having a window on the world. "60% of the world's capital investment markets exist outside the United States," he says and since political events have such a great effect on these markets, following them can be your own course in international relations. Again, caution is the watchword.

With leisure investments, Mr. Black has a couple of iron clad rules. The first and most important is: Never dip into the serious money. That was one of his prerequisites for getting into the leisure investments in the first place and it must be maintained with discipline at all times. Leisure investments are for fun, and because of that, they are more volatile than other investments. Besides, since you enjoy it, you have a greater chance of getting carried away. Once you have secured your main income and ensured its ability to grow with inflation, you must create a separate fund for these "leisure" investments. If that disappears or shrinks, you just accept the fact, you **never** dip into your main income money.

The second main rule is to Know Your Market. This can take the form of education, research, observation and the like, or it can be in the person of a trusted investment advisor. Mr. Black recommends the latter, at least at first, and he says that the advisor should ideally be independent of the market. Investment firms that are owned by insurance companies or who underwrite specific securities can be very good and very trustworthy, but there can be times when their profit motives and yours do not coincide. At least be aware that your investment counselor may have mixed feelings when placing your order if the firm has a stake in the outcome.

The final rule is: "Presume they are fun." Leisure investments different from serious investments in that they involve something you enjoy. So enjoy them. If they don't do as well as the stock or bond market or your CD's, that's ok because you have something you like. Take it seriously from a money management standpoint, but have fun too.

Mile High News

1989-1990 Vol. 3, Issue 1 | Colorado Medical Society Auxiliary | September, 1989

Sue Kading, Editor

A MESSAGE FROM THE PRESIDENT



Catherine Yoder

I look forward to greeting you and your physician spouse at the Fall Meeting in Vail this month. We will spend one morning thinking about the future and the many options open to us when we retire. It is important for all of us to think of retirement and plan while young for those later years of leisure.

But it is also important for us to think of the here and now. Just what should we be doing as Auxilians? What is our goal? How do we accomplish the goal once it has been defined? Are we on the right track? Throughout the year we should think about these questions so that each of us will come to a conclusion regarding our personal and auxiliary goals.

While traveling to our various counties this spring for installation meetings I enjoyed meeting each of you. I participated in your meeting while realizing that each auxiliary is quite different from another - yet much the same. We conduct our meetings differently and have different time slots and different projects.

But, we all work toward a common goal "to assist the Colorado Medical Society in its program to improve the quality of life through health education and services." That is not to say that we are merely an extension of the Medical Society. Rather, we assist best by working beside them, by being aware, by listening to ideas and programs and by staying abreast of local, state and national trends, ideas and legislation.

We assist by promoting good health with our projects, by showing concern for the health of the entire community, by helping to provide support for medical families in need, by helping to raise funds for research and medical education and by helping to insure that sound legislation is supported.

As we think on these subjects and help decide the direction of our local auxiliary and that of the Colorado Medical Society Auxiliary we must think about the consequences of our actions and our time involvement. There are hundreds of programs on file at the American Medical Association Auxiliary Headquarters in Chicago and in the Project Bank. We cannot do all of them - nor should we try. Your auxiliary may be of the best service to humanity simply by keeping its membership informed and doing but one project or assisting with worthy health projects in your community.

Catherine Yoder

The annual Fall Meeting of the Colorado Medical Society Auxiliary will be held in conjunction with the Colorado Medical Society Annual Meeting, September 14 - 17 at the Vail Westin Hotel. Our Auxiliary schedule will be as follows:

September 15

Board meeting and lunch	9:30 am— 1:30 pm
CMSA Reference Committees	2:00 pm— 5:00 pm
COPIC Dessert Reception	8:30 pm—11:00 pm

September 16

Retirement Seminar	8:00 am—10:30 am
CMSA Friendship Lunch and CMSA President and President-Elect lunch	11:00 am—12:45 pm
CMSA HOUSE OF DELEGATES	1:00 pm— 4:00 pm
CMS Presidents' Inaugural	5:00 pm— 6:30 pm
CMS and CMSA Presidents' Reception	6:30 pm— 8:00 pm

September 17

CMSA Breakfast Wrap-Up	8:00 am—10:00 am
Golf and Tennis	9:00 am—12:00 pm

AMAA NEWS



Coloradans attending the A.M.A.A. Convention in June were: left to right, front, CMSA President, Catherine Yoder; Immediate Past President, Sharon Cunningham; and CMSA President-Elect, Doris Ballinger; Back row, Board Member, Carole Kaiser; AMAA Regional Vice President, Mary Hanson; Membership Chairman, Patti Benson; and Alternate Delegate, Susie Gunstream.

★ **Jean Hill** was installed as AMAA President. Her goal is for all auxilians to work together for greater strength and for each county auxiliary to work on at least one health project aimed at furthering the health of the community and the nation.

★ **Norma Skoglund** was installed as AMAA President-Elect. She has been invited to install CMSA officers at the annual spring meeting.

★ **Mary Hanson** was installed as Western Regional Vice President of the AMAA. Mary is from El Paso County and was CMSA President 1984-85.

★ Featured speakers were:
Keynote Speaker, The Hon. **Lynn M. Martin,** Member, House of Representatives, (R - 16th District, Illinois)
Luncheon Speakers,
Ellen Goodman, Syndicated Columnist
Willard Scott, Weather Reporter, NBC News' "TODAY"
James E. Davis, MD, President of the AMA

AMA-ERF

AMA-ERF depends on the dedication and generosity of concerned individuals. Please help us to prepare for the future of medical care in America by supporting local auxiliary programs now.

This year's first program, that needs your help immediately, is the annual "**Fall Meeting Country Store**", at the Vail Westin, September 15th and 16th. To make it the success it has been in recent years we need the support of the county auxiliaries in providing merchandise to sell. Item suggestions include: crafts or other art forms, holiday decorations, and children's items. Non-perishable foods such as special home-made jelly, jams, pickles, granolas, and snacks in attractive reusable containers always sell well. Food bearing members might want to use "health conscious" recipes if possible. Please attach a copy of your recipe and the name of your auxiliary to your item. If you are not attending the meeting but would like to donate, check with your county AMA-ERF Chairman or President by September 10th for delivery details.

*****Note to County Chairman and President***** If you have not received a detailed letter regarding this year's focus, goals, and fund raising ideas, please contact me immediately at 303-484-8324. We can not operate effectively as a TEAM without YOUR input and dedication.

Donna Whittington-Singer, State Chairman



Dr. Eugene Jacobson (center), Dean of the University of Colorado School of Medicine accepts checks totalling $24,372.52 from CMSA President, 1988-1989 Sharon Cunningham (left) and CMSA President, 1989-90 Catherine Yoder (right). The money was raised through CMSA projects such as the program mentioned in the accompanying article.

Western Region

Summer is a time for relaxing and renewal. I hope you have all enjoyed the moments of leisure that summer provides. A busy year awaits the auxiliary and our resources from the national office are many and varied. Please take advantage of this help and let me know if I can be of any assistance. Our unified commitment on behalf of medicine benefits our communities and also our collective medical family. Be sure your members join county, state and national to maximize the impact we have for better health for everyone.

Mary Hanson, Western Region Vice President AMAA

AMA RESOURCES

The AMA Auxiliary has for many years published articles and booklets to offer insight into medical family life. At the annual AMA Auxiliary meeting in June, a special session was held to take a look at the pros and cons of handling financial, personnel, office management and other aspects of a medical practice when one is the spouse of a physician. Many members who attended the annual meeting indicated that they work for their physician-spouse.

The session featured auxilians who are experiencing the assets and liabilities, feelings and insights of working side-by-side with their physician spouses.

National has published a new booklet that is available for the membership to purchase called "What Every Physicians Spouse Should Know ... Working in Your Spouse's Office." To order: send $3.00 to AMA Auxiliary, 535 Dearborn St., Chicago, Ill. 60610.

I would like to bring to your attention resources that are available through the AMA (with a 20% discount for AMA members). There are publications, and video cassettes that can be purchased or rented, and workbooks available in these areas: starting a practice, practice management, practice finances, insurance, managed care systems, patient relations, retirement/closing a practice

For further information, call 1-800-826-6895 for the AMA Practice Development Resource Brochure. It provides detailed information and selections. You may write AMA Book & Pamphlet Fulfillment, P.O. /box 10946, Chicago, Ill 60610-0946.

Doris Ballinger,
President-Elect, Delegate to AMA Convention in June

ANNUAL MEETING GUEST



Our national guest at the Fall Meeting of the Colorado Medical Society Auxiliary will be **Colleen Adam** (George) of Hastings, Nebraska. Mrs. Adam was appointed 1989-90 Membership Committee Chairman of the American Medical Association Auxiliary.

Active in the medical auxiliary for many years, Mrs. Adam previously served at the national level as a membver of the 1988-89 Membership Committee. She also has served her state auxiliary in various positions, including president, president-elect, and membership chairman; and president, vice president, and secretary-treasurer for the Adams County Auxiliary.

In addition to her medical auxiliary activities, Mrs. Adam has been involved in a variety of other volunteer efforts, including treasurer of the YWCA Pre-School program, a Sunday school teacher, and member of the Drug Awareness team of Longfellow Elementary School.

Mrs. Adam holds a bachelor's degree in speech pathology and a master's degree in audiology. Mrs. Adam and her husband George, MD, an obstetrician/gynecologist, have two children.

You are invited to a delightful party and exhibit previewing at the Hall of Life before the exhibits are officially open to the public. It will be a fun as well as enlightening evening. It certainly will be a successful culmination of the Hall of Life which grew from a few donated office spaces at Blue Cross/Blue Shield to 15,000 square feet at the Denver Museum of Natural History!

EXHIBITS AND ELEGANCE
The Colorado Medical Society Auxiliary Cordially
Invites You to Attend the
GRAND OPENING
of the
HALL OF LIFE EXHIBITS
FRIDAY, the Tenth of November at the
Denver Museum of Natural History
Exhibit Viewing, Open House and Cocktails at six-thirty
Dinner at eight-thirty in the Morrison Atrium
Black Tie Optional
A Benefit for the Hall of Life Health Education Center

Auxilians should be proud of the part they have played in this success story. For the past 6 years the Colorado Medical Society Auxiliary has raised funds with increasing financial success to support the health education of Colorado school children. Last year $20,000 was raised for scholarships, applied for and used by teachers across the state. This year we hope to raise $30.000 with help from all of you.

The exhibits are the successful completion of years of planning and fundraising by trained Hall of Life and Museum staff. The exhibits will feature the most advance design of any such center in the U.S.

Come to the fundraiser! Be the first to see the first half of the Hall of Life exhibits! Support a WINNER for your children and for the citizens of Colorado. If you can't come, send in a donation. Be proud you are part of the medical community that insured the Hall of Life's success!

Sondra Talley, Hall of Life Chairman



Vince and Larry are ready to join you at any community gathering where you would like to promote the "Buckle Up - Drive Smart" program. Recently they appeared the the Greeley Independence Stampede 4th of July Parade and the Pikes Peak Climb in Colorado Springs. For further information please contact Becky Baldwin, chairman of CMSA Seat Belt Coalition Committee.

MEMBERSHIP

From June 17 - 21st, I was privileged to attend the National AMA Auxiliary convention in Chicago. As Vice President and membership chairman for the state, I attended a workshop and reference committee pertaining to my appointment.

At the workshop we discussed planning for the needs of our members. We learned that people join organizations because:

- they believe in its objectives.
- they appreciate the contacts, companionship and social activities.
- they want to keep informed and can obtain educational advantages.
- they want to work with others on mutual problems, whether they be personal or community wide, and want to be of service to others.

The emphasis this year will be on increasing membership at the local, state and national level. We will also emphasize recruitment of medical student spouses, resident physician spouses and male members.

The most effective avenue for promoting membership is through personal contact by current members. The needs of the member and of the community need to be determined. New members should be approached early. Find out what the organization can do for them and let them know they would be valued as a member. Statistics show that early involvement results in early commitment.

Patti Benson, Vice President and Membership Chairman

CMSA CALENDAR

CMSA Fall Meeting
September 14-17, 1989, Vail
"What's In It For Me?"
Regional Meetings
Western Slope Regional Meeting
September 29
Metro Regional Meeting
October 11
State and National Dues are Payable
October 1
Next Mile High News Deadline
October 10
Hall of Life Dinner
November 10
Board Meeting
January, 1990 (TBA)
Legislative Day (Date TBA)
CMSA Spring Meeting
April 26-27, 1990
CMSA Fall Meeting
September 13-16, 1990, Keystone
National Auxiliary Meetings
Confluence I
September 24-26, 1989
Confluence II
February 4-6, 1990
AMAA Convention
June 24-27, 1990

PLEASE NOTE: BYLAWS CHANGE

After study per recommendation from the Spring General Meeting the Bylaws Committee suggests the following deletion: Article III, Section I, (Hereinafter in these bylaws the feminine reference shall signify a person of either sex).

It is further suggested that the bylaws committee make editorial changes to delete gender references from the bylaws.

Sue Barnard, Bylaws Chairman

Dear Colorado Medical Society Auxiliary,

Enclosed you'll find a small token of appreciation for the scholarships you provide for the Hall of Life (drawings by school children included with note). Our students would have missed this opportunity without your help.
Our trip to the Hall of Life was both educational and enjoyable for all the students. Thank you for your generosity.
Sincerely,

Amy Pleasant-Phillips
Valdez Elementary School, Denver

(See inside for more information on the Hall of Life activities of CMSA)

CDH Studies Rural Injury Rates and Compares Colorado Death Rates to National Rates

For further information about the injury prevention project, call Lyle McKenzie at (303) 331-8709.
For further information on deaths in Colorado or other health statistics, call Keith Murray, information specialist in the Health Statistics Section, (303) 331-4885.

The Colorado Department of Health has begun a study to determine why workers in rural Colorado are four times more likely to die from on the job (non-traffic) accidents than are workers in metropolitan areas.

Lyle McKenzie, industrial hygienist in the Health Department's Disease Control and Environmental Epidemiology Division, will investigate the estimated 70 on the job fatalities occurring each year in Colorado to determine their causes and circumstances, in order to develop prevention efforts. The project is funded by a three year grant from the National Institute of Occupational Safety and Health (NIOSH).

McKenzie is asking all police and fire departments and local newspaper and television reporters for help in alerting him to work related fatalities. The alternative would be to wait for death certificates to be filed, which might cause a delay of several weeks before an investigation could be conducted.

He has been reviewing all death certificates, Workers' Compensation Reports and coroner's or medical examiner's reports from 1984 to the present to determine the most frequent causes of such deaths.

"The deaths fall into four main categories," he said. "They are 1) machinery related; 2) electrocutions; 3) falls; or 4) incidents in confined spaces such as asphyxiation in manholes or during cleaning of tanker trucks."

"We want to find out why the death rate in rural Colorado is so much higher—whether safety programs are needed, whether emergency medical care is lacking, whether the distance to primary medical care is too far or what other factors are present," he said.

Colorado's death rates in 1988 were generally lower than the national average for leading causes, with two major exceptions: chronic obstructive pulmonary diseases and suicide, according to a new statistical report issued by the Colorado Department of Health.

In 1988, the rate of Colorado's chronic obstructive lung diseases (including emphysema, chronic bronchitis and others) was 39.2 per 100,000 population, compared with 33.3 nationally. The Colorado suicide rate in 1988 was 18.1, compared with 11.8 nationally.

Here are the top 10 causes and number of deaths:

1.	Heart disease	6,466
2.	Cancer	4,446
3.	Stroke & other cerebrovascular diseases	1,324
4.	Chronic obstructive pulmonary diseases	1,293
5.	Unintentional injuries	1,125
6.	Pneumonia & Influenza	984
7.	Suicide	598
8.	Diabetes	371
9.	Atherosclerosis	357
10.	Chronic liver disease & cirrhosis of the liver	275

Teen suicides rebounded in 1988, with 49 among youths under age 20, up from 33 in 1987. Eight out of ten youth suicide victims were male. The suicide rate for ages 15-19 was 17.8 deaths per 100,000, up from 9.1 in 1987, and second only to the all time high teen suicide rate of 18.4 in 1986.

Jefferson County led with 11 youth suicides, followed by Arapahoe County with 8, Adams County with 5, Boulder and Pueblo counties with 4 each, El Paso with 3, and Denver, Fremont, Larimer and Mesa counties with 2 each. No other county had more than 1 youth suicide in 1988.

There were 21,312 deaths to Coloradans in 1988. The ranking of the top ten leading causes of death in Colorado remained the same in 1988 as in 1987.

AIDS (acquired immune deficiency syndrome) which ranked 15th on the list, claimed the lives of 168 Coloradans in 1988, up from 133 in 1987. Males represented 97 percent (163) of these deaths.

Most of the AIDS deaths occurred among people aged 30-39 (72 deaths), followed by ages 40-49 with 42, ages 20-29 with 25, and ages 50-59 with 16. Eleven Coloradans aged 60-69 and 2 aged 70-79 died from AIDS in 1988. No one under age 20 died of AIDS last year.

Colorado's death rate for all causes of death was 645.5 deaths per 100,000 population in 1988, up slightly from a rate of 640.4 in 1987,but still substantially lower than the U.S. death rate of 883.8 in 1988.

As in the past, death rates were higher for males than for females among all age groups and most causes. The male death rate was 673.6 deaths per 100,000 population in 1988, 9.0 percent higher than the female death rate of 617.8.

Colorado's relatively young and health population is largely responsible for lower death rates than those in the nation as a whole, both for all deaths and for such leading killers as heart disease (Colorado—195.9, U.S.—311.7), cancer (Colorado—134.7, U.S.—198.1), and cerebrovascular diseases (Colorado—40.1, U.S.—60.9).

U.S. data from the National Center for Health Statistics are preliminary and subject to revision.

on CMS Component Leadership
by Michael P. Thompson, CMS

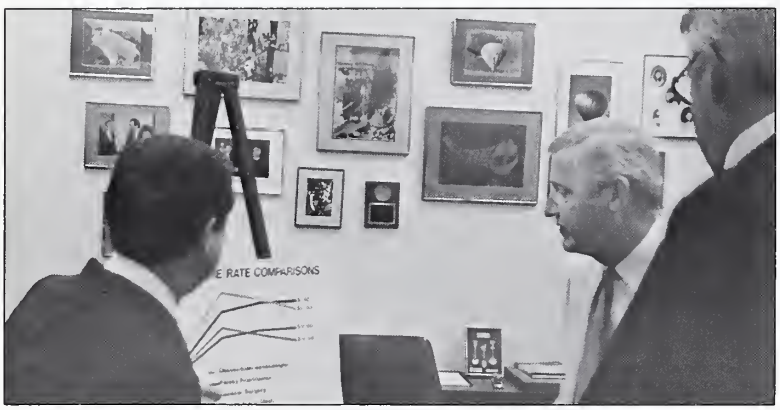
Aurora Adams County Medical Society President Nicholas J. DiBella, MD

Nicholas J. DiBella, MD has several priorities in mind for **Aurora-Adams County Medical Society** during his term as that group's President. Dr. DiBella will take the reins from Dr. Ralph W. Gibbons in September of 1989.

When asked about priorities, the first thing that came into Dr. DiBella's mind was indigent care. As he admits, that is a large topic, but one he sees as on the front line of medical care in Colorado, and especially in Aurora and Adams County. Something Dr. DiBella would like to see developed in his area is a guest house for the families of radiation therapy patients at Aurora Presbyterian Hospital. Such a house, he believes, would meet a vast need among those families.

Humanitarian interests such as those above are not the limit of Dr. DiBella's vision for Aurora-Adams County Medical Society. He says that one of his highest priorities in office will be, "Helping the physicians of our community cope with the ever increasing problems from Medicare and third party payors." This follows right in line with his predecessor's focus on passage of tort reform legislation as a means of lifting some of the burden from the physician-members of the medical society.

Nicholas J. DiBella was granted a Doctorate of Medicine from the University of Southern California and followed this with an internship in San Francisco. He was a resident at Walter Reed Army Hospital in Washington DC before coming to Colorado. He specializes in Oncology, Hematology and Internal Medicine.at his practice in Aurora.



COPIC Chairman and CEO K. Mason Howard, MD, and President/COO Larry Thrower, explain the beneficial aspects of the 1988 Health Care Availability Act to Colorado Senate President Ted Strickland during a recent press conference in Strickland's office. Sen. Strickland lauded the efforts of the medical profession in reducing health care costs.

One of the benefits was a rate reduction for some Colorado Physicians, as explained in the "At Press Time" Supplement to **Colorado Medicine** *for August, 1989. Other specialties saw no increase in rates for the coming policy year. For more information, call COPIC at (303) 779-0044 or 1-800-421-1834.*



COPIC COMMENT

Higher Limits Added: Greater Protection at No Increase in Cost

Policy Benefits Explained

Each professional liability policy issued offers two limits of protection to the insured: the "per incident" limit of liability, which indemnifies up to that limit for any given claim; and the "annual aggregate" limit, noting the total amount of liability insured in any given year. COPIC is unaware of any Colorado physician in whom the "per incident" limit has been exhausted and the annual aggregate pierced, but we all need that protection in place.

In mid 1986 COPIC liberalized its annual aggregate protection by the addition of $1 million aggregate limit to each policy, at no additional cost to the physician. At this point in time the coverage provided became $1,000,000/ 2,000,000 or $2,000,000/3,000,000, depending on which limit was purchased.

By virtue of an enhancement to our reinsurance treaty, we are pleased to announce that aggregate limit coverage has once again been increased by $1 million for each policy holder, again at no increase in cost. COPIC policies will in the near future reflect the change from $1 million/$2 million to $1 million/$3 million, or from $2 million/$3 million to $2 million/$4 million, with the inclusion of the additional $1 million of annual aggregate limit.

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Coupled with recent COPIC announcements of level pricing for many Colorado specialties, lowered rates for some, and the declaration of our first ever policy holder dividend, the foregoing aggregate limit change represents further evidence that COPIC is maturing to the point of being able to meet its earlier commitment to the physician insureds: Achieve financial solvency, return"profits" to policy holders, and provide a predictable and stable market for professional liability insurance in this state.

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COPIC's physician policy holders, like their patients, occasionally get sick or require surgical treatment and are necessarily away from their practices for varying lengths of time. We recognize that this may have catastrophic financial consequences for the doctor whose earning capacity is "on hold" during that absence from his/her practice, and have designed into the COPIC underwriting policy the solution to this problem - at least from the standpoint of premiums on your COPIC professional liability insurance:

During a period of time in which a physician is disabled due to illness or injury, and unable to practice, COPIC "suspends" the coverage but leaves the insurance policy in force, so there is no gap in coverage and no reason for the insured to purchase a tail policy to maintain continuous coverage. This "suspense" period carries a 1% premium charge during the period of disability, payable when the physician returns to active practice.

If circumstances find you disabled and unable to practice for a period of time, contact Policy holder Services for specific information on how to activate this benefit; all that will be required is a letter from you requesting this suspension, and substantiating information from your own physician or surgeon.

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REMINDER—in addition to the "suspension" noted above, all COPIC insureds are eligible for additional policy benefits: Free "tail" coverage in the event of death, permanent total disability, and at retirement (age 55, with COPIC coverage during the preceding six years).

COPIC IS CONFIDENCE!

OSHA In Your Office

Prepared for the Board of Directors and Members of the Colorado Medical Society **Montgomery Little Young Campbell & McGrew, PC**, *Attorneys for CMS.*
(Note: These articles are not intended to give specific legal advice but simply to alert the readers to potential problems. For specific advice you need to consult your own attorney.)

by ***Catherine M. Meyer***
Montgomery Little Young Campbell & McGrew, PC

There is little in daily practice more likely to send shivers down the spine than the unannounced arrival of OSHA (Occupational Safety and Health Administration) inspectors. Although large corporations may be accustomed to OSHA regulations and compliance, it is not something a small office deals with on a daily basis. Even so, every physician should be aware of the OSHA regulations and try to comply with them.

The range of potential hazards to your employees are endless. These include: exposure to chemicals, gases and hazardous by-products; physical hazards such as slippery floors, poor lighting and inadequate ventilation; and the threat of exposure to infectious diseases. While it is impossible to prevent all potential health hazards, there are certain minimum requirements of the OSHA regulations that every health care provider should keep in mind.

An employee complaint usually sets an OSHA inspection in motion. The best way to avoid such a problem is to make certain that all employees are made aware of the potential health hazards in your office, know the OSHA requirements and use their own common sense to prevent harm to themselves.

One of the hottest issues in OSHA regulations is the standard controlling chemical hazard communication published at 29 C.F.R. 1910.1200. This standard, also called "the right to know" provision, seeks to give the public more access to chemical data. anyone who purchases chemicals for use their their business is considered a "manufacturing purchaser" and must:

1. Determine whether the chemicals you use are hazardous.
2. Label chemical containers.
3. Collect and maintain material safety data sheets for each hazardous chemical you use.
4. Write a "hazard communication program".
5. Inform employees about your hazard communication program.
6. Train employees regarding their contact with hazardous chemicals.
7. Provide information and training sessions for new, existing, or transferred employees.

Aside from the OSHA standard regarding hazardous chemicals, OSHA says there are many other hazardous situations in the office. You can avoid these by: stressing the importance of personal protective equipment and personal hygiene around toxic chemicals or in contaminated areas; training and educating employees to reduce exposure; substituting less toxic materials or changing a process to avoid toxic materials; isolating the hazardous process into a separate room and making sure their is adequate ventilation; surveying office areas to make sure there are not physical hazards such as sharp corners, obstructed passageways or improper use of electrical equipment; discarding of needles and sharp instruments in designated containers; removal or repair of all defective equipment; posting names and telephone numbers of persons to be notified in emergency situations and posting of warning signs and proper work procedures in prominent places.

The fines for a willful violation of the OSHA regulations can be stiff. If an inspector shows up on your doorstep one morning, offer him/her a cup of coffee and keep cool. Your best defense to an alleged OSHA violation is a cooperative attitude.

Because health care is your business, the health of your patients and your employees is naturally a matter of top concern. Knowing what you need to do and training your employees are the two essentials of proper OSHA compliance.

Dr. Lovejoy Honored for Sports Medicine

One of only 96 in the country, **Brent V. Lovejoy, DO** of Denver has been awarded the Certificate of Competence in Sports Medicine by the American Osteopathic Academy of Sports Medicine.



The award, recognized by the American Osteopathic Association, is the highest distinction a sports medicine physician can receive and requires successful completion of written and oral/clinical competency examinations. Dr. Lovejoy is a CMS member.

CMS Member Elected President of Surgeons Group

LeRoy H. Stahlgren, MD, FACS has been elected President of the Colorado Chapter of the American College of Surgeons. Dr. Stahlgren specializes in General Surgery in Denver and has been a member of CMS since 1983. He was awarded the Doctorate of Medicine from the University of Pennsylvania in Philadelphia, where he also served his internship and residency. He presently practices at St. Joseph Hospital in Denver.

Spalding Opens Neurology Unit
Medical Director a CMS Member

Spalding Rehabilitation Hospital has opened a 24 bed neurological care unit for patients with head injuries or neurological impairment. Executive Director John Hershberger says the unit will provide a continuum of care, especially for long term tracheotomies or ventilator dependent patients. CMS member Neurologist **Mark Cilo, MD** of Craig Hospital will be Medical Director.

From All Walks of Life

The Colorado AIDS Project will sponsor a 10K pledge walk to benefit AIDS service providers on Sunday, September 24, 1989. The route will cover 6.2 miles in a loop beginning at Cheesman Park in Denver. Many CMS Staff will participate, we hope to see you there.

Registration for the Walk starts at 8:30 am, the Walk itself begins at 10:00. Call Les Lewis at (303) 861-5500 for more information, or write "From All Walks of Life" 1576 Sherman St, Denver CO 80203. You may also contact Ellen J. Stein, CMS Director of Health Care Policy, at (303) 779-5455 or 1-800-654-5653.

Alert from Department of Government Relations

CMS members are reminded that dispensing of an anabolic steroid for the purpose of hormonal manipulation that is intended to increase muscle mass, strength, or weight is in violation of C.R.S. 12-36-117, the Unprofessional Conduct section of the Colorado Medical Practice Act.

C.R.S. 12-22-102 (2.5) defines "anabolic steroid" as any material, compound, mixture, or preparation which contains an anabolic steroid including, but not limited to methandrostenolone, nandrolone, decanoate, nandrolone phenpropionate, stanozolol, or testosterone propionate.

Anabolic steroids can be used safely under medical supervision and have an accepted use in the treatment of several medical conditions, including certain anemias, hereditary angioedema, and breast cancer.

INFORMATIONAL NOTE:

The following people have been appointed to the Colorado Board of Medical Examiners:
Janice Ugale, MD, Englewood - Reappointment
Gene Bolles, MD, Boulder - Reappointment
Francis Raley, MD, Telluride/Grand Junction - New
Other Members are:
Gilbert Herman, MD, Denver
Stewart Greisman, DO, Littleton
Stephen Kozloff, MD, Greeley
Fred Whitehurst, DO, Durango
Margaret Ann Cary, MD, Denver
Renee Cousins, MD, Denver
Public Members are: Steven Katzman, Denver and Nancy Gerlock, Pueblo

CPEPP to Enhance Professional Education Efforts

from Sue Radcliff, Colorado Personalized Education Program for Physicians

After eighteen months of study, the Colorado Personalized Education Program for Physicians (CPEPP) is beginning to bear some fruit. Begun in response to a report given at the 1988 AMA Interim Meeting, CPEPP is unique among programs now under development around the country, in that it is not based in a medical school, peer review organization, or other single entity, but is being developed collaboratively by multiple organizations.

The AMA Council on Medical Education, whose report sparked this effort, defined deficiencies in knowledge and skills as an area of physician impairment, much like health problems or chemical dependencies. In response to their call for treatment and remediation of these problems, nearly 200 educators and physicians met in January of 1989 to define the needs, process and strategies for implementing the concept.

The CPEPP Consortium, which spearheads the effort, has contacted numerous organizations to contribute to the development process, including the Board of Medical Examiners, who provided ideas and issues to consider during program development and indicated support for implementation. Members of the Consortium include the Colorado Alliance for Continuing Medical Education, the Colorado Foundation for Medical Care, the Colorado Hospital Association, the Colorado Medical Society, the Colorado Physician Health Program, the Colorado Society of Osteopathic Medicine and the University of Colorado School of Medicine. Funding has come in from Consortium members and from COPIC Insurance Company. Foundation grants are being sought to implement the 2-3 year demonstration project. After that, the program is expected to be self supporting.

CPEPP is envisioned as a peer assistance resource, much like the Colorado Physician Health Program, so it is to be voluntary, confidential and will have no disciplinary authority. It will use Identification, Assessment, Treatment, Monitoring, Evaluation and Follow up, in a systematic approach for resolving focused educational deficiencies. To find out more, contact the Colorado Personalized Education Program for Physicians, PO Box 6796, Denver, CO 80206.

Colorado Baby Care Program

from Nina Burford, RN, BSN, Child Health Council

With the passage of HB 1089 last year, important strides were made for the health and well being of indigent pregnant women and their babies, unborn and up to one year of age. The Colorado Baby Care Program targets families with incomes of 75% of the poverty level or less and, more importantly, **presumes their eligibility** until proved otherwise.

Recognizing the slowness of the bureaucratic wheels, the legislature included a provision, which takes effect in 1990, declaring women "presumptively eligible" for benefits during the application process and guaranteeing health care providers reimbursement while the case is under review.

To begin the process, the woman submits an application at a major health provider site, where she receives care while her case is reviewed. She must also complete a full application within 14 days at the Department of Social Services. If she is determined to be eligible for the program, she can then elect to change providers or remain with the facility where she began. Even if she is not eligible, providers are still guaranteed reimbursement for any prenatal care provided during that period.

The bill also increased the reimbursement rate for delivery to $900, in an attempt to encourage physicians to participate. For more information, contact the Child Health Council at (303) 331-8373.

Conference on Benzodiazepines

from Jody Gingery, RN, BSN, MEd, Colorado Prescription Drug Abuse Task Force

The Colorado Prescription Drug Abuse Task Force, of which Colorado Medical Society is a member, will present "Benzodiazepines: Greek to You?" on September 21, 1989. The conference will feature Robert L. Dupont, MD, President of the Institute for Behavior and Health, and Gene Haislip, Deputy Assistant Administrator of the U.S. Drug Enforcement Administration, as well as prominent local speakers. It will cover clinical uses of the benzodiazepines as well as misuse and abuse issues. Contact Jody Gingery or Carla Littlefield at 832-5068 for more information or registration.

Including the Early Stage Alzheimer's Patient in Strategy Sessions

by M.B. McAfee, MSW

The Metro Denver Chapter of the Alzheimer's Disease and Related Disorders Association (ADRDA) is implementing a new service in response to a need to include early stage dementia patients in group meetings. On going support groups are designed for the care givers of persons with irreversible dementia. The purpose of the Early Stage Alzheimer's Strategy Group is to provide a positive arena in which early stage Alzheimer's patients can contribute in a meaningful way to decisions which will affect their futures as well as the futures of their care givers.

Participants in the program must have the diagnosis of an irreversible dementia and must be in the early stages of the disease. A score of 21 on the Mini Mental Status Test is suggested, but not a requirement. There must be a commitment from the patient and one or two family members or good friends to participate in the 14 week program. Each candidate family will meet with one of the two co-facilitators prior to the beginning of the program to clarify the purpose of the group and to answer questions. This interview will also serve as a screening activity to assure that each family will be appropriate for the program.

The second round of this program, which is funded by a grant from the Presbyterian/St. Luke's Foundation, will begin the middle of September and end the middle of December. The topics for these meetings include financial and legal considerations, in depth information about the disease process and recent research, mediating family conflict which may involve issues such as driving, role reversal, and plans for long term care. The emotional impact of the diagnosis and the ensuing grief process are addressed as the group becomes more cohesive and supportive.

For more information contact the Metro Denver Chapter of ADRDA at 4567 E 9th Ave, Denver, CO 80220. The telephone number is (303) 393-7675.

Amendments to Workers' Compensation Spell Changes for Physicians

by Chris Warren, Coordinator
Workers' Compensation Medical Fee Schedule
Colorado Department of Labor and Employment

Robert J. Husson, Director of the Division of Labor, Colorado Department of Labor and Employment, conducted his annual review of the Workers' Compensation Medical Fee Schedule at a public hearing held on June 1 of this year. Amendments which were adopted at the hearing went into effect August 1. The amendments apply to payments for medical services made by all workers' compensation insurers including the State Compensation Insurance Authority, private carriers and employers who are self insured for workers' compensation.

Most important of these changes to physicians are the three new, standard medical report forms. The new Physician's Initial and Supplementary Reports replace the previous forms prescribed by the Division of Labor. The Physician's Report of Maximum Medical Improvement and Impairment is a new form.

Along with the adoption of these forms, the Director also adopted timelines for reporting by physicians. Physicians will be receiving copies of the new forms from workers' compensation insurers as they need information concerning a workers' compensation case. Or, physicians may obtain a copy of each form (which can be duplicated as needed) by calling the Division of Labor at (303) 866-2566.

For a copy of the 1989 Amendments to the Workers' Compensation Medical Fee Schedule, send $5 per copy to: State Central Stores, 1001 E 62nd Ave, Denver CO 80216. Use the commodity number 392-89-01-1429 when ordering.

Evaluating Health Clubs

The Injury Prevention Network, an organization of health professionals interested in preventing injuries, has developed a brochure, called **"Is Your Health Club Healthy? What to Look for in a Health Club".** A handy 8 1/2" X 14", four-fold size, the brochure give concrete guidelines for use in choosing a health club with the safety and well being of the customer in mind. The brochure is designed for physicians to distribute to patients who are beginning or involved in an exercise program. To obtain a free supply, call Dominique Bull Fauble at (303) 331-8367.

MEDICARE IMPLEMENTS NEW PROVIDER NUMBER REQUIREMENTS

from Edie Register,
Medicare Program Manager
Colorado Medical Society

Physicians will soon be notified by Medicare of a new regulation requiring that the provider number of rendering, ordering, and referring physicians be submitted on Medicare claims.

This regulation will be implemented in three phases:

PHASE I: (April 1 through June 30, 1989)

a. Assigned Claims - Medicare will adjudicate the claims and include a reminder on the remittance notice.

b. Unassigned Claims - Medicare will pay these claims as usual. At the end of each month, during Phase I, they must send the physician shown on these claims a reminder of that the information is required.

c. Provider Education - Medicare must disseminate information to all physicians on this requirement.

NOTE: HCFA has decided to extend Phase I and delay implementation of Phase II, requiring the development of claims, until they have more assurance that there is uniformity and consistency among all carriers in applying these requirements.

PHASE II: (July 1 through September 30, 1989) The Carrier was instructed to suspend any claims not containing the required physician information. If development does not yield the data, Medicare will pay the claims and advise the physician that future claims may be denied if information is missing.

PHASE III: (October 1, 1989 and continuing) Beginning Oct. 1, carriers will deny assigned claims received without the identification information.

QUESTIONS AND ANSWERS

1. When must a referring or ordering physician be identified?
Whenever a physician refers the patient to another physician for treatment or consultation, or orders tests, services, supplies or equipment for the patient, the physician who made the referral or placed the order must be identified. For example, an attending physician may refer the patient to a surgeon, a neurologist, or another specialist for consultation and possible treatment. Or the attending physician may refer the patient to an independent laboratory for tests or may order a type of durable medical equipment for the patient. In these cases, and any similar instances, the number of the physician who referred the patient or wrote the order must be entered on the claim.

2. Who is responsible for obtaining the number of the referring or ordering physician?
The billing office of the physician or supplier who performs the service is generally responsible for obtaining this number from the office of the referring or ordering physician. If an office is unable to secure the number from the referring and ordering physician, the Medicare carrier should furnish the provider number.

3. Hospitals have some unique problems with the identification of referring and ordering physicians. For example, the emergency room physician admits a patient. Upon admittance, the patient is assigned to an attending physician who in turn refers the patient to a specialist who orders x-rays. Whose number should be shown as the referring physician for the radiologist's services?

The referring physician is defined as one who refers the patient to another physician. In this case, the attending physician referred the patient to the radiologist. Therefore, the specialist's number would be entered.

4. May a group number be entered as the ordering, referring or performing physician identification number?

No. The individual physician who orders or furnishes a service or refers the patient to another physician must be identified by a distinct provider number. The carrier will be assigning and distributing these numbers to all members of groups.

5. Are radiologists and pathologists in uniform charge groups exempt?
No. Radiologists and pathologists must be identified if they are the performing physician.

Watch **Colorado Medicine** for further updates. Should you have immediate concerns, please contact Ms. Edie Register, Medicare Program Manager at 779-5455 or 1-800-654-5653.

What Is Accreditation?

from Division of Professional Education and Special Programs
Sharon Ponder, Director
Lorraine Scott, Administrative Assistant

Accreditation is a process by which an institution or organization evaluates its overall educational program, and seeks an independent judgment to confirm that it is substantially achieving its stated mission and is, at least, equal in quality to comparable institutions. In the United States, accreditation of providers of continuing education for physicians is voluntary. Its principal focus is on judging the educational process which will produce quality education for the physician-learner, and it is centered around an institutional self-study.

"Accreditation is a process ...The primary value of accreditation is to be found in the process itself, not in the formal results of the process."

The accreditation process focuses on two major concerns: (1) educational quality, and (2) institutional integrity. Educational quality is evaluated according to defined and published standards, the E*ssentials for Accreditation of Sponsors of Continuing Medical Education*, and by looking at the conditions and processes necessary to produce quality. Institutional integrity means that the provider is what it says it is and it does what it says it does. The accreditation process should assist providers to evaluate their programs objectively, and then to have that process validated by their peers, i.e., experts from outside the institution or organization.

It is also important to specify what accreditation is not. It is not governmental, although some state agencies use it is licensing decisions. it is not mandatory, although there is often strong peer pressure to participate. It is not a rating system, although similar institutions and organizations often do get compared. it is not a mechanism for formally policing behavior; no accrediting body has sufficient staff to make regular visits to all accredited sponsors. It does not deal with credits, in spite of its name. It is not a stamp of approval on individual courses or activities, although it is often perceived that way.

Accreditation ..."is not governmental... is not mandatory... is not a rating system... is not a mecanism for policing behavior... does not deal with credits... is not a stamp of approval"

In their book *Understanding Accreditation*, Young, Chambers, Kells, et al, make some important assumptions concerning accreditation which are applicable in any accreditation situation:

- Accreditation is a process that, at its heart, consists of guided self-evaluation and self-improvement.
- The primary value of accreditation is to be found in the process itself, not in the formal results of the process.
- Accreditation should be judged by its effectiveness in encouraging and assisting the educational provider to evaluate and improve its educational offerings.
- To be effective, accreditation must focus primarily on the institution, just as education must focus on the student.

John Shaw Billings, M.D., wrote, "the education of a doctor which goes on after he has his degree is, after all, the most important part of his education." The accreditation of sponsors of continuing medical education is an effort to assure that the continuing education part of a physician's lifelong learning is educationally valid and professionally relevant.

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Contact: Denise M. Miller, M.D.
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1925 Mountain View Ave.
Longmont, CO 80501 4/789

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COLORADO SPRINGS—Thirty-five physician multispecialty group is seeking BC/BE primary care internists and BC/BE family practitioners. Fee-for-service and prepaid practice. Guaranteed salary with incentive arrangement. Please send CV to: Bruce Minear, Executive Director, Colorado Springs Medical Center, 209 South Nevada, Colorado Springs, CO 80903. 3/789

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c/o Longmont Clinic, P.C.
1925 Mountain View Ave.
Longmont, CO 80501 4/789

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PROFESSIONAL OPPORTUNITIES

PHYSICIAN WITH FAMILY PRACTICE Background, to practice Monday-Friday in clinic specializing in occupational medicine. No call, no rounds. Contact James Simerville, M.D., 7606 N. Union Blvd., Suite D, Colorado Springs, CO 80920. No agencies please. 1/989

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1/989

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Please reply to:

James F. Seeton, MD
Poudre Valley Hospital
Family Medicine Center
1500 South Lemay Avenue
Fort Collins, CO 80524



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Linda Heinrich
Student Health Service
Colorado State University
Fort Collins, CO 80523

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Abbreviations
- P - Physicians in General
- S - Specialists
- B - Both

ANESTHESIOLOGY
Regional Anesthesia (S)
Univ of Colo Sch of Med
Office of CME
4200 E Ninth Ave
Box C-295
Denver 80262
At: Breckenridge
Dates: 1/20/90 to 1/26/90
Contact: Dr. Clarke (303) 270-5195

Current Issues in Med (S)
Univ of Miami Sch of Med
Div of CME
D23-3, Box 016960
Miami, FL 33101
At: Vail
Dates: 12/16/89 to 12/23/89
Hrs Instr: 25
Contact: S. Craythorne (305) 547-6411

16th Ann Vail Conf in Anesthesiology (S)
Univ of Miami Sch of Med
Div of CME
D23-3, Box 016960
Miami, FL 33101
At: Vail
Dates: 2/3/90 to 2/10/90
Hrs Instr: 25
Reg Fee: $275-$375
Contact: S. Craythorne (305) 547-6411

15th Ann Symp in Intensive Care (S)
Univ of Miami Sch of Med
Div of CME
D23-3, Box 016960
Miami, FL 33101
At: Vail
Dates: 2/10/90 to 2/17/90
Hrs Instr: 25
Reg fee: $275-$375
Contact: S. Craythorne (305) 547-6411

CARDIOVASCULAR DISEASE
21st Ann Cardiovascular Conf at Snowmass (B)
Am Coll of Cardiology
9111 Old Georgetown Rd
Bethesda, MD 20814
At: Snowmass
Dates: 1/15/90 to 1/19/90
Hrs Instr: 22
Reg fee: $470
Contact: M. Brier (800) 253-4636

FAMILY MEDICINE
Ann Family Prac Rev (P)
Univ of Colo Sch of Med
Office of CME
4200 E Ninth Ave
Box C-295
Denver 80262
Dates: 10/2/89 to 10/6/89
Hrs Instr: 35
Reg fee: $440
Contact: Dr. Clarke (303) 270-5195

Family Prac Rev (P)
Univ of Colo Sch of Med
Office of CME
4200 E Ninth Ave
Box C-295
Denver 80262
Dates: 2/12/90 to 2/16/90
Hrs Instr: 35
Reg fee: $440
Contact: Dr Clarke (303) 270-5195

MULTIPLE TOPIC PROGRAMS
Current Concepts in Primary Care (P)
Colo Med Soc/Assn for Cont Educ
Box 774168
Steamboat Springs 80477
Dates: 12/17/89 to 12/24/89; 12/24/89 to 12/31/89; 1/28/90 to 2/4/90;
2/4/90 to 2/11/90; 2/11/90 to 2/18/90; 2/18/90 to 2/25/90; 2/25/90 to
3/4/90
Reg fee: $350
Contact: S. Finney (800) 525-3402

Practical Therapeutics: 1989—A Western Regional Symposium
Rocky Mountain Drug Consultation Center
645 Bannock St
Denver 80204-4507
At: Hyatt Regency—Tech Center
Hrs. Inst: 1.2
Contact: Bret Fulton (303) 893-7774

NEONATOLOGY
Aspen Conference on the Newborn (B)
The Children's Hospital
1056 E 19th Ave
Denver 80218
At: The Inn at Aspen
Dates: 3/3/90 to 3/6/90
Contact: Margaret Lister or Dr. Butterfield (303) 861-6509
or: Cheryl Niespodziani (303) 861-6870

OBSTETRICS AND GYNECOLOGY
Fourth Ann Advances in Infertility & Reproductive Endocrinology (B)
Vanderbilt Unit Med Ctr
Div of CME
CCC-5326 Med Ctr N
Nashville, TN 37232
At: Snowmass Village
Dates: 2/10/90 to 2/16/90
Hrs Instr: 21
Reg fee: $600
Contact: S. Reed (615) 322-4030

Ann Ob-Gyn Skl Sem (S)
Univ of Miami Sch of Med
Div of CME
D23-3
Box 016960
Miami, FL 33101
At: Vail
Dates: 2/24/90 to 3/2/90
Hrs Instr: 20
Contact: P. Mundy (305) 549-6944

OTOLARYNGOLOGY
14th Midwinter Symp on Prac Surg Challenges in Otolaryngology (S)
Univ of Ill at Chicago Coll of Med
Conf & Inst
Box 6998
Chicago, IL 60625
At: Snowmass
Dates: 2/18/90 to 2/23/90
Hrs Instr: 22
Contact: J. Whitener (312) 996-5751

PATHOLOGY
21st Ann Postgrad Inst for Path in Clin CytoPath
Division of Cytopathology
Johns Hopkins Hospital
Baltimore, MD 21205
At: Course A—Home Study
Course B—Johns Hopkins, Baltimore, MD
Dates: 2/90 thru 5/90
Hrs Inst: 152
Contact: John K Frost, MD or Betty Ann Remley (301) 955-8594

PEDIATRICS
Current Concepts in Pediatrics (P)
Am Acad of Pediatrics
141 Northwest Point Blvd
Box 927
Elk Grove Village, IL 60009-0927
At: Vail
Dates: 1/4/90 to 1/7/90
Hrs Instr: 16
Reg fee: $220-$300 mbrs; $365 nonmbrs
Contact: M. Giannini (800) 433-9016 x7657

PERINATOLOGY
12th Annual Perinatal Conference (B)
Perinatal Outreach Education Program
The Children's Hospital
1056 E. 19th Ave
Denver 80218
At: Holiday Inn, Laramie, WY
Dates: 11/3/89 to 11/4/89
Reg. fee: $85
Contact: Christie Sievers (303) 861-6413

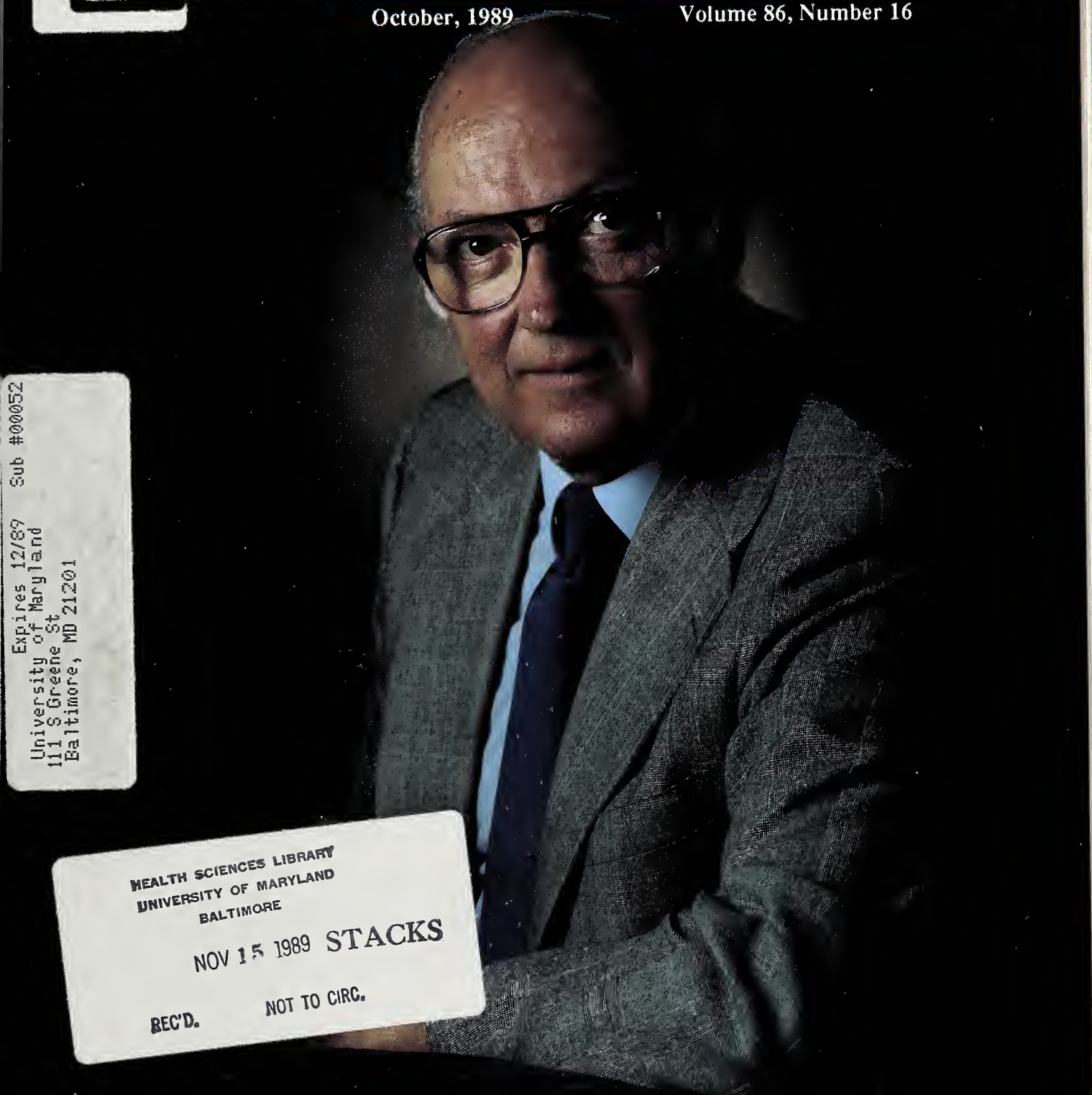
RADIOLOGY
Symp on Radiology of the Pneumoconiases (B)
Am Coll of Radiology
1891 Preston White Dr
Reston, VA 22091
At: Denver
Dates: 10/20/89 to 10/22/89
Hrs Instr: 15
Reg fee: $450
Contact: J. Bresch (800) ACR-LINE x364

Diagnostic Radiology/Med Imaging III (B)
Vanderbilt Univ Med Ctr
Div of CME
CCC-5326 Med Ctr N
Nashville, TN 37232
At: Snowmass Village
Dates: 2/3/90 to 2/9/90
Hrs Instr: 25
Reg fee: $545
Contact: S. Reed (615) 322-4030

UROLOGY
Third Ann Aspen Urological Conf (S)
Lutheran Gen Hosp
1775 Dempster St
Park Ridge, IL 60068
At: Aspen
Dates: 2/4/90 to 2/9/90
Hrs Instr: 20
Reg fee: $375
Contact: L. Sharp (312) 823-0340

CMS Colorado Medicine

October, 1989 Volume 86, Number 16



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John F. Farrington, M.D.
President, Colorado Medical Society
1989-1990

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AT PRESS TIME: CMS Med Fax features items which came to light too late to be included in Colorado Medicine, but which we felt you needed to know quickly. It was printed after the rest of the magazine had already gone to press, then inserted. Eds.

Infectious Waste Regulations Proposed

from Lorraine Koehn
CMS Government Affairs

SB 1328, Designation of Infectious Waste, sponsored by Representative Dick Bond (D), Greeley, was signed into law on April 23. The purpose of this legislation was a) to define "infectious waste" by means of allowing the generator of the waste, rather than a state agency, to designate what is infectious waste based upon scientific principles; b) to provide incentives for the on-site treatment of infectious waste; c) to allow the handling of infectious waste as general waste once it has been properly treated; and d) to recognize EPA guidelines with regard to recommended categories of infectious waste and appropriate methods of treatment.

The Colorado Department of Health is in the process of drafting comments on this new state law which we expect to be able to publish in the November issue of **Colorado Medicine**. Your Department of Government Relations is compiling a list of waste management companies who furnish us copies of letters from the Health Department indicating that the company plan meets the intent of HB 1328.

In order to comply with the new state law, each generator of infectious waste must have on-site a written infectious waste management plan. Such plan shall include:

a) The designation of infectious waste generated by the facility;
b) The handling of infectious waste which includes segregation, identification, packaging, storage, transportation, treatment techniques for each waste type, if applicable, and disposal;
c) Contingency planning for spills or loss of containment;
d) Staff training and the designation of a person responsible for implementation of the management plan;
e) If on-site treatment is not available, the management plan shall provide for appropriate off-site treatment or disposal.

Copies of HB 1328 and the EPA guidelines may be obtained by calling the CMS Department of Government Relations at 1-800-654-5653 or 779-5455, Ext. 427

CMS Med Fax

Senator Speaks Out on Termination of Pregnancy

(Editor's Note: Colorado State Senator Bonnie J. Allison wrote to the Colorado Medical Society shortly before the 1989 Annual Meeting, speaking in favor of the post Interim Meeting CMS position on the termination of pregnancy, which was slated to be reviewed by the House of Delegates. Unfortunately, her letter arrived too late to be included in the September issue of **Colorado Medicine**. *We sent her a copy of the Resolution on the subject which was passed (after several conferences) at the Annual Meeting . Below is her reply.)*

September 28, 1989

Editor:

May I applaud your members of the CMS House of Delegates? At your annual meeting in September, you brought forth a compromise position on an extremely difficult issue, termination of pregnancy.

Reading your resolution RES-53-P, one finds positive statements concerning the prohibition of state or federal intervention in the privacy of physician/patient relationships. CMS further recognizes the importance of safe medical procedures. But of most significance, is the very clear statement of the need for health education, including sex education and family life programs for school children. Only by addressing the problem through prevention can we hope to curb unintended pregnancies.

The compromise which your delegates were able to accomplish gives me encouragement that the issue of abortion can be resolved in a thoughtful, fair manner without trampling on the rights of individuals.

Sincerely,

Bonnie J. Allison
State Senator

Look for a full report of the activities of the Annual Meeting (including this Resolution) in the November issue of Colorado Medicine.

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Rodman P. Brewster,
Assistant Executive Director
Colorado Medical Society

DEPARTMENTS

305 — **President's Letter: The best times . . . or the worst times for medicine.** John F. Farrington, M.D., challenges CMS membership to make these the best times for health care and for the patients.

307 — **Colorado Department of Health:** Colorado public and private sector leaders take on the task of reassessing the public health service in Colorado.

308 — **Young Physician Section:** CMS Young Physician Section "get aggressive" with continuation of many of their projects of last year. New projects include interaction with Denver's Young Lawyers, working to meet public need and public education.

316 — **COPIC Comment**
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FEATURES

304 — **Introducing CMSA President Catherine L. Yoder;** she has a highly effective auxiliary program under way.

315 — **Certificate of Service:** CMS's highest honor goes to John O. Cletcher, M.D., of Longmont.



Cover photo: Ron Schmidt
Aryn Studios, Boulder, CO

This Month's Cover—

Introducing John F. Farrington, M.D., of Boulder, Colorado, President of CMS, 1989-1990. Dr. Farrington has a lengthy record of participation in organized medicine, both on the state and national level. Dr. Farrington has given extensively of his services to the American Society of Internal Medicine on a variety of planes. He served as President of ASIM in 1980. He has most recently been active in CMS through the Membership Committee. His challenge to CMS members this year is to be more proactive on the issues of health care and patient advocacy. Excerpts from his inaugural speech to the CMS House of Delegates can be found on page 304 in the "President's Letter".

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Harold F. Frye, Executive Editor. William S. Pierson, Managing Editor. Michael Thompson, Ass't. Managing Editor.

Colorado Medical Society Auxiliary President



Photo by William Thatch Studios, Denver, CO

Catherine L. (Mrs. Frank) Yoder, President, Colorado Medical Society Auxiliary 1989-90.

Introducing Catherine Yoder, 1989-90 President of the Colorado Medical Society Auxiliary. Mrs. Yoder has been an active participant in the work of the auxiliary since she and Dr. Frank Yoder moved to Greeley from Cheyenne, Wyoming, where Catherine was also an auxilian. She served both as a local and the state auxiliary President in Wyoming.

In the CMSA, Catherine Yoder has served as President of the Weld County Medical Society Auxiliary and as Health Projects Chairman and Membership Vice President of CMSA. In addition to her work in CMSA, Catherine has been an active and outstanding volunteer in her home town of Greeley.

Catherine is a graduate of Sangamon State University, Illinois, and holds a Master's Degree in English from the University of Northern Colorado. Welcome . . . to a dedicated, hard-working volunteer.

President's Letter



John F. Farrington, M.D.
President, Colorado Medical Society
1989-1990

(Ed: Excerpts from Dr. Farrington's inaugural speech of September 16, 1989, CMS Annual Meeting, Vail, Colorado)

These can be the best of times or the worst of times for medicine... depending on how we respond to the forces that are attempting to change our profession.

The only constant in life is change. Within medicine we must attempt to influence change to protect both the quality of care we provide and access to it. One principle that doesn't change is that we are the advocates of our patients . . . the only advocates they have!

At the 1988 Annual Meeting, I said the Colorado Medical Society must be a proactive organization. We no longer have the luxury of just sitting around, waiting to respond to the actions of others. Over the past year, CMS has become more proactive. Our response to the *Resource Based Relative Value Scale*, the problems with managed health care, workmen's compensation, registered health care technicians, senior citizen issues, peer review immunity legislation and the monitoring of Rocky Flats Nuclear Weapons Plant are but a few of the issues on which we have taken the lead.

The pressures on the environment of medicine will continue to increase. It is estimated that in 1989 our nation will spend $650 billion on health care. Physicians do not receive all of these funds . . . nor are they the sole cause of increasing health care costs.

A s a result of this country's health care delivery system, life expectancy increased from 70.2 years in 1965 to 74.9 years in 1986. Between 1973 and 1983, deaths from heart disease decreased 30%, and deaths from stroke decreased by 48%. During this same period, the rate of deaths from cancer slowed to only 1.5%. Yes, the excellence of our health care system is not recognized by its detractors. All they can see are the dollars spent.

Which of your patients would trade that additional 4.7 years of life expectancy just to balance the budget? Who would avoid the latest treatment just to save a few dollars? You? Your patients? Their insurance company? Yet, it is true that health care costs are astronomical!

What are some of the factors that have caused the increases?

The government's policy of first-dollar coverage and unlimited access to care has contributed markedly to the overall cost spiral in federally-financed programs. In addition, approximately 20% of the financial resources go to support a growing health care bureaucracy.

In the private insurance industry, 8 to 20% of the premium dollar goes directly to overhead. This raises premiums the exact same percentage, yet physicians are blamed for the increase when, in reality, a significant portion of "health care costs" are the result of insurance company overhead. . . which includes profits. None of us can argue the overhead factor of operating an insurance company, but when the overhead goes beyond 12%, there is something wrong.

There are serious deficiencies within the health insurance industry. 38 million Americans have no health insurance. The question is why? The basic premise of insurance is to spread the risk of loss over a large group of policy-holders. Why, then, is the risk being transferred to the physician? Why are patients with pre-existing conditions denied even basic insurance protection? Why should conditions of employment restrict access to health care? Why should the cost of insurance for individuals and single families be so high?

Hospitals cannot escape their share of the blame in the escalation of health care costs.

I will be the first to admit that there are a few of our profession who have abused the system for personal fiancial gain, but this is a very small percentage of physicians, and most of them are not members of CMS. These physicians need to be disciplined by the Board of Medical Examiners since, by law, a medical society cannot discipline physicians who are not members. Indeed, membership in CMS is an honor and indicates that you are willing to join the "good guys".

I believe physicians who have joined organized medicine are, indeed, saying ***"I want to be a part of the solution rather than remain part of the problem".***

To find the solution, we must be willing to work within the system of organized medicine to improve, not only the art and science of medicine, but the economics of health care delivery. We must intelligently analyze the various schemes being proposed to "solve the problem". Many of these so-called solutions are only band-aids. Those proposals with merit we should support. More important, *WE* must develop logical, well thought out proposals to find solutions to the problems that face American medicine. CMS has become a catalyst for the development of an integrated health policy for all of our citizens. Not just Medicaid and Medicare, but for our share of those 38 million Americans with no health insurance, for people with financial resources who cannot purchase adequate health insurance because of a pre-existing condition, and for those who have adequate health insurance.

This statement does not imply that I am in favor of some magical solution through either state or nationally financed health insurance or even increased government regulation. I believe these problems can be solved by the private sector more efficiently and effectively than through increased government meddling in our profession . . . and in the lives of those we serve. Let us all work together to make these the best times for medicine and for those we serve.

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1:00 - 5:30 p.m., Wednesday, November 15, 1989
Glenmoor Country Club, 110 Glenmoor Drive, Englewood
Bellview Ave. at Steele (near University)

Speakers: Arnold P. Guttenberg, J.D., Attorney
Brian J. Nowfel, The Prudential
G. Bruce Hemmings, Vice President, Branch Manager
Kay W. Copley, EdD., Vice President-Investments

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MEDICAID ELIGIBILITY INFORMATION AVAILABLE FROM FISCAL AGENT

from Edie Register
Program Manager
Medicare/Medicaid Department
Colorado Medical Society

The Colorado Department of Social Services has announced that providers may verify or obtain certain Medicaid recipient eligibility information from the fiscal agent, BC/BS of Colorado, by telephone. This service was available beginning September 1st.

Providers must supply the Recipient's State Medicaid ID Number at the time of inquiry. The Fiscal Agent will then provide the following information:

- 1. Confirmation of Medicaid eligibility dates.
- 2. Third party insurance resources information.
- 3. Medicare resources information.
- 4. Lock-in enrollment status and identification of the lock-in pharmacy and physician.
- 5. Copayment status.
- 6. HMO enrollment status and identification of the HMO.

The Fiscal Agent CANNOT provide the Medicaid State ID Number. If you need that information, continue to contact the county office of Social Services in the county of residence.

For more information, contact Ms. Edie Register, Medicare Department, Colorado Medical Society, PO Box 17550, Denver, CO 80217-0550, (303) 779-5455 or 1-800-654-5653, ext. 421.

Public Health CMS

from the Colorado Department of Health

The Future of Public Health in Colorado

In September of 1988 the Institute of Medicine of the National Academy of Sciences published the results of a two year study of the public health system in the United States in a report, *The Future of Public Health.*

The report represents a balanced and thoughtful appraisal of the nation's public health program, from the local health department up through the federal Public Health Service. The following statement is drawn from the report's Summary and Recommendations:

> "The current state of our abilities for effective public health action, as documented in this report, is a cause for national concern and for the development of a plan of action for needed improvements. In the committee's view, we have slackened our public health vigilance nationally and the health of the public is unnecessarily threatened as a result."

The report goes on to say that an impossible responsibility has been placed on America's public health agencies: to serve as stewards of the basic health needs of entire populations, but at the same time avert impending disasters and provide personal health care to those rejected by the rest of the health system. The wonder is not that American public health has problems, but that so much has been done so well, and with so little.

The report has been studied in detail by your colleagues in the Department of Health and by the staff of Governor Romer, and a decision has been made to respond by a thorough assessment of the public health system in Colorado. Through the generous support of The Colorado Trust, a year long study of Colorado's public health organization and plan is being conducted. The Governor has issued an executive order that establishes a Governor's Blue Ribbon Panel on the Future of Public Health in Colorado. Work on this project began in July 1989 with the appointment of nine Policy Study Groups whose responsibility it is to develop problem statements for the Blue Ribbon Panel. Several CMS members have been drafted into this process. The Governor's Panel will be appointed during a statewide conference to be held in Denver November 3, 1989, and will begin deliberations on that date. The Panel will be asked to deliver its recommendations to the Governor, the Executive Director of the Department of Health, the public health profession in Colorado and to the citizens of Colorado at the annual meeting of the Colorado Public Health Association in June of 1990.

Your support and participation in this project is sincerely requested. You will shortly receive more information about the November 3 conference. If you desire more information about the project, call the Colorado Department of Health, 331-8714.

LEGAL UPDATE:

PEER REVIEW ACT CHANGED

By SUSAN T. SMITH

The Colorado Medical Peer Review Act has been significantly changed. Physicians subject to final, adverse peer review who believe the results stemmed from unreasonable anti-competitive conduct "shall have as their sole and exclusive remedy direct review of the (peer review) record" by a newly established State Board of Medical Examiners committee on anti-competitive conduct.

The statute also requires a compliance review of bylaws governing the process of peer review by medical staff and others.

Attorney Susan T. Smith heads the health care administration department at Pryor, Carney and Johnson, P.C., a 40-attorney Denver law firm that offers a full range of services to health care providers including medical malpractice defense, contract negotiations, Medicare/Medicaid, peer review, medical staff issues and personal legal services.

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Colorado Medical Society
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Elizabeth Kraft, MD, Editor

NEWSLETTER

Volume 2, Issue Number 1 ***October, 1989***

The Young Physicians Section has been enjoying another successful year full of many exciting projects and accomplishments. Past projects such as the mini-internship, science ambassador project, and the speaker's bureau have all been continued due to their popularity with physicians and the public. This year, YPS has worked with the Young Lawyers Division of the Denver Bar Association on several projects with great success. In addition, officers on the local level represented Colorado at the AMA meetings and were elected to voting positions.

Bastille Day Ball

The YPS and the Young Lawyers Division of the Denver Bar Association joined together to host a Bastille Day Ball and Bash on July 15.The dinner dance raised over $1500 for the Multiple Sclerosis Society. The Adirondacks restaurant was the location of the festive evening. After hors d'oeuvres, a wonderful dinner with wine and dessert was served. The 4Nikators provided the dance entertainment. A good time was had by attorneys and physicians who enjoyed the evening knowing that the MS Society was benefitting from the project.

Homeless Clinic

The Medical-Legal Clinic for the homeless, operating at the Stout Street Clinic in downtown Denver, was begun on April 22, 1989. This project, a joint effort of the Young Physicians Section and the Young Lawyers Division of the Denver Bar Association, operates on Saturday mornings between 9:00 and 12:00. One to two physicians, and one to two lawyers work independently at the clinic, although a "debriefing" session follows the clinic, during which the volunteers exchange information regarding the difficulties the patients/clients are experiencing.

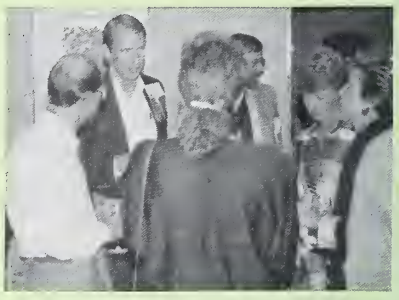
The medical side of the clinic operates as a general walk in type clinic. Common chief complaints include blood pressure checks, physical examinations for employment or Antabuse, medication refills, minor trauma follow up (not requiring suturing), and other routine medical complaints. We frequently have had medical students and nurses also volunteer time, and they have been a tremendous asset.

Although response from physicians has been good, we still have a significant need for medical volunteers. We are asking only for a twice yearly commitment to work at the clinic. All of the physicians who have volunteered have enjoyed the experience, and have asked to work again.

The project is the first of its kind in the country, and is a pilot project of the American Bar Association. It will be presented as a sample physician-lawyer "pro bono" project at the ABA's National Public Service Conference in Vancouver this fall.

If you are interested in volunteering two Saturdays per year at the clinic, please contact Rob Bogin at 398-1145.

New YPS Chairman at Annual Meeting



Dieter W. Schneider, MD, a Denver cardiologist (shown here discussing the issues with other YPS members and friends at a reception held in connection with the CMS Annual Meeting) took over the reins of the Young Physicians Section from outgoing Chairman, Robert M. Bogin, MD, September 15.

AMA-YPS Election News

As mentioned in a previous edition of **Colorado Medicine**, elections were held for several offices during the AMA Annual Meeting in June. **Dr. Robert Bogin**, Chair of the Colorado YPS, was elected Chairman-Elect of the AMA's Young Physicians Section. Dr. Bogin had been a member of the AMA-YPS Governing Council for the past year, and a special election was held to fill the remaining year of his two year term. **Dr. Leslie Capin**, Colorado's Delegate to the AMA-YPS, defeated eight other candidates and was elected to fill Dr. Bogin's unfinished term as Alternate Delegate to the AMA's House of Delegates. Thus, two members of the AMA's Young Physicians Section Governing Council are from Colorado.

Congratulations to Drs. Bogin and Capin for representing our state and providing leadership at the national level; two Council members from the same state is an unprecedented showing.

Natural Science Ambassador Project

The Natural Science ambassador Project (NSAP) initiated approximately one year ago by Dr. James Regan is now in its second year of activity. Speakers on such topics as "Use of Lasers in Medicine", "Space Medicine", "Artificial Limbs" etc., were hot topics and will continue to be hot topics in the next year. Both the Jefferson County and Denver County Public School systems are interested in continuing this program which provides speakers to children at the grade school level. The students are learning that science is not only fun, but exciting with great possibilities and the speakers help to stimulate their interest in the natural sciences. We are attempting to broaden the scope to include not only the medical profession, but also other sciences. It is hoped that other university professors and those involved in research can also participate in this program. If you have any questions or would like to be considered as a speaker for the natural sciences ambassador project, please call Dieter Schneider, M.D. at (303) 861-5229 or write to the Colorado Medical Society—Young Physicians Section (address at left).

THANK YOU

I would like a moment to thank **Dr. Robert Bogin** and **Dr. Leslie Capin** on their outstanding contribution to the Young Physicians Section over the last several years and for their tremendous help with me personally. Due to a number of unusual circumstances, I was fortunately catapaulted into active participation in the Young Physicians Section. Because of the guidance and leadership of both Dr. Bogin and Dr. Capin, I have found this past year to be a most enjoyable and rewarding year working for the Young Physicians Section. They are now being recognized nationally (See AMA-YPS Election News to the left). Their contribution will continue at the local level but more importantly at the national level and I want to congratulate both of them on an outstanding job in Colorado. I will have large shoes to fill in trying to provide the leadership for the Young Physicians Section in the next year but I feel very fortunate that Dr. Bogin and Dr. Capin have taught me so much in so short a time. It is a tremendous compliment to both these individuals that they be elected to these very important positions. I wish them both an enjoyable year and I know they will represent all of us very well. Again, congratuations and a personal thanks for all you have contributed to my growth over the last year.

Sincerely,

Dieter W. Schneider, MD
Chairman, Young Physicians Section, Colorado Medical Society

YPS Involved in Mini-Internship Program

The Young Physicians Section (YPS) of the Colorado Medical Society has been actively involved in the Mini-Internship Program. YPS has sponsored two Mini-Internship Programs, both involving an exchange with young lawyers and young physicians in practice. Both the lawyers and the physicians that participated in the program were either in their first five years of practice or under the age of 40. Lawyers spent 1-2 days in physician's offices seeing what a usual day in a M.D.'s office was like. All lawyers involved in the program and physicians, to date, have had a positive experience. Some of the physicians who participated in the program have been invited to do a reciprocal internship in the lawyer's offices. One reciprocal internship has been set up.

Please feel free to call the Young Physicians Section of the Colorado Medical Society, specifically Leslie Capin, if you are interested in being involved in this very rewarding program.

Speaker's Bureau

The Young Physicians Section is currently working on developing a speaker's bureau. Our first topic planned is an anti-smoking talk which will be aimed primarily at Junior High students. We have received an excellent packet full of information, statistics etc. regarding the ill effects of tobacco. This came from the AMA and is entitled, "Creating a Tobacco Free Society". This will be made available to all of our speakers for their talks.

We can certainly use help, and if you're interested in giving a talk, please let us know. The anti-tobacco message is an important one and physicians should be at the forefront in spreading this message. We feel that a successful effort with this topic will be a springboard to other timely and important topics.

GRAND OPENING

of the

HALL OF LIFE EXHIBITS

Denver Museum of Natural History



Friday, November 10, 1989
Denver Museum of Natural History
Exhibit Viewing and Open House
Cocktails at 6:30 p.m.
Dinner at 8:30 p.m.
Morrison Atrium

Music provided by REECE'S PIECES

Black Tie Optional

Honored Guests
Norn Early
Dr. Tom Vernon

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presented by the
Colorado Medical Society Auxiliary

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1989-1990 Budget Approved By the House of Delegates

CMS Working For You

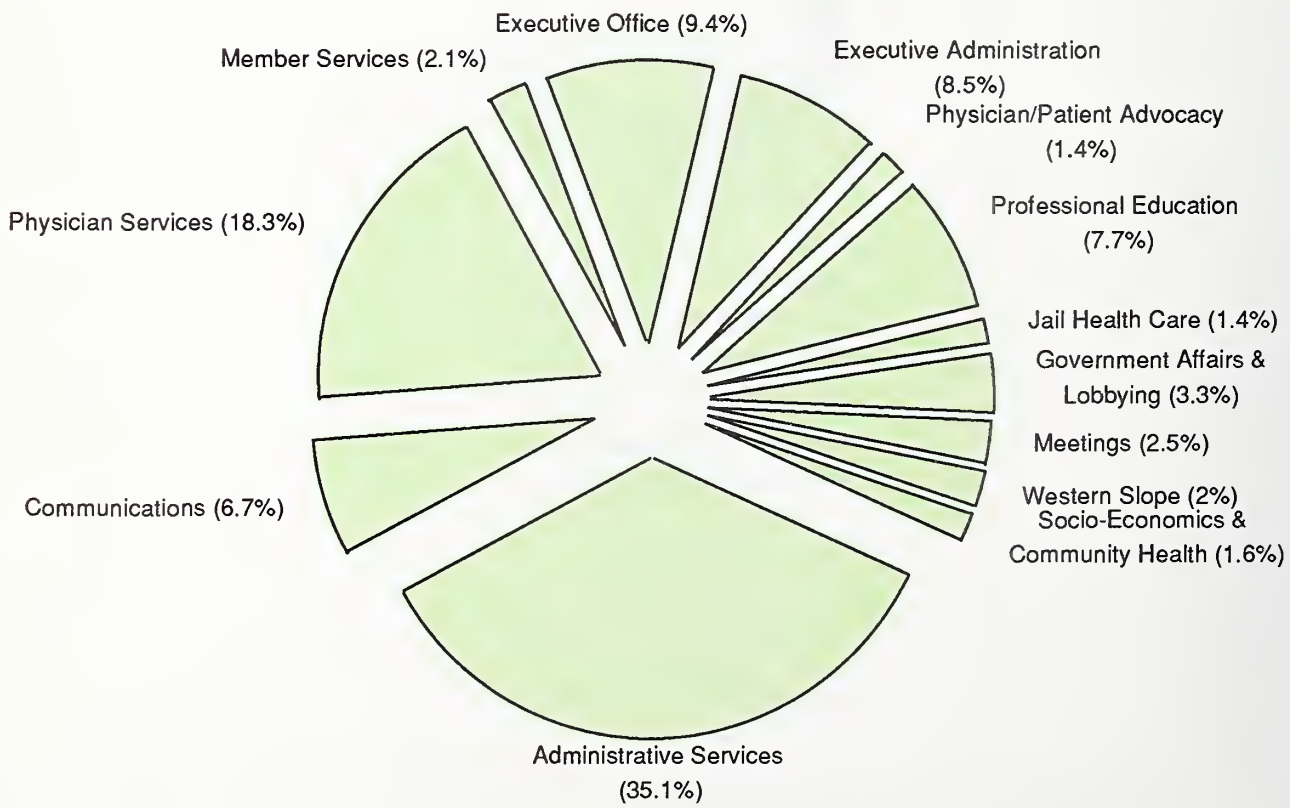
The Colorado Medical Society is working for you and that includes spending your money (wisely). The Following is a breakdown of the 1989-1990 Fiscal Year budget as approved by the House of Delegates on September 16, 1989.

CMS expenses are budgeted according to three divisions and subsequent departments within those divisions. These functions of the Society are categorized into program, legislative and administrative, and they help carry on the CMS mission as the leader in advocating excellence in the profession of medicine and in the provision of medical care in Colorado.

The CMS Board of Directors continues to be fiscally prudent and responsible to its membership.

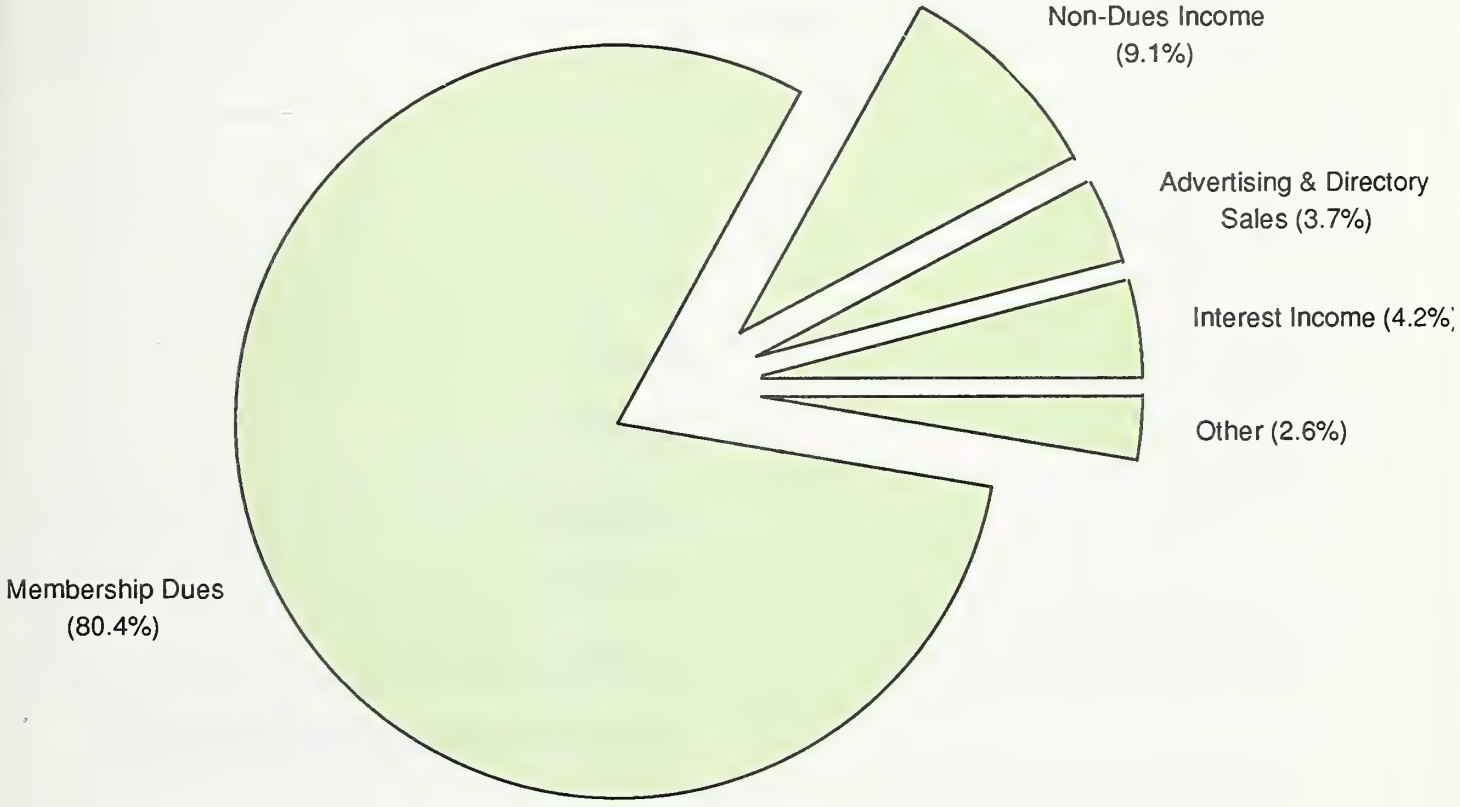
Programs and operations are consistently monitored to insure budget compliance and to protect the future orf the Colorado Medical Society.

On the following pages, you'll also find comparisons to last year's budget. Check out the interesting changes.

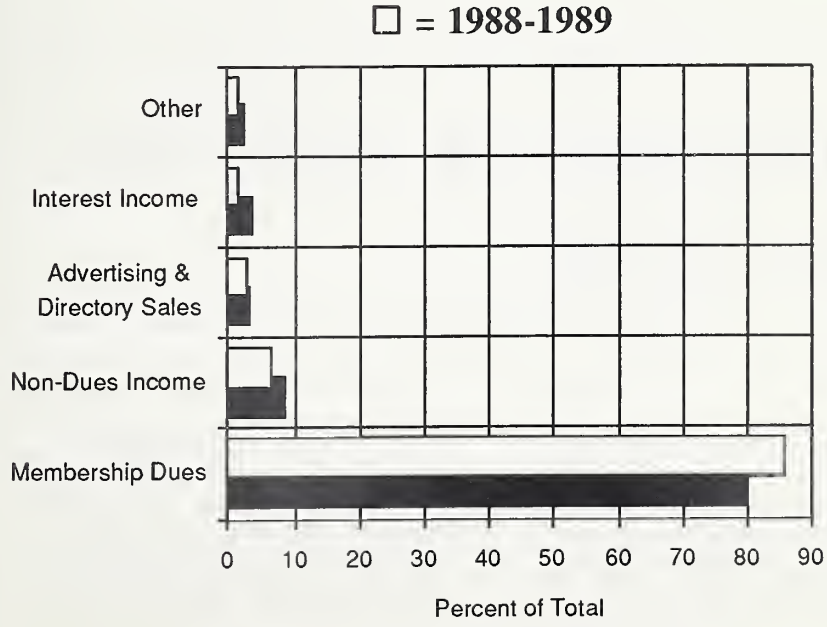


INCOME BUDGET

Here is a breakdown of the actual percentages involved in the Income Budget of CMS for this fiscal year. As a voluntary association, our major source of funding is still our members. Other sources of income are explored carefully. CMS does not sponsor commercial services as a profit making enterprise. Most income from sponsorships goes toward advertising the service in Colorado Medicine. No service is sponsored by CMS before it is carefully scrutinized to determine its value to the members and its long term reliability. Other revenues derived from service sponsorship go into the general fund. This reduces the cost of administering member services and programs.



BUDGET COMPARISONS



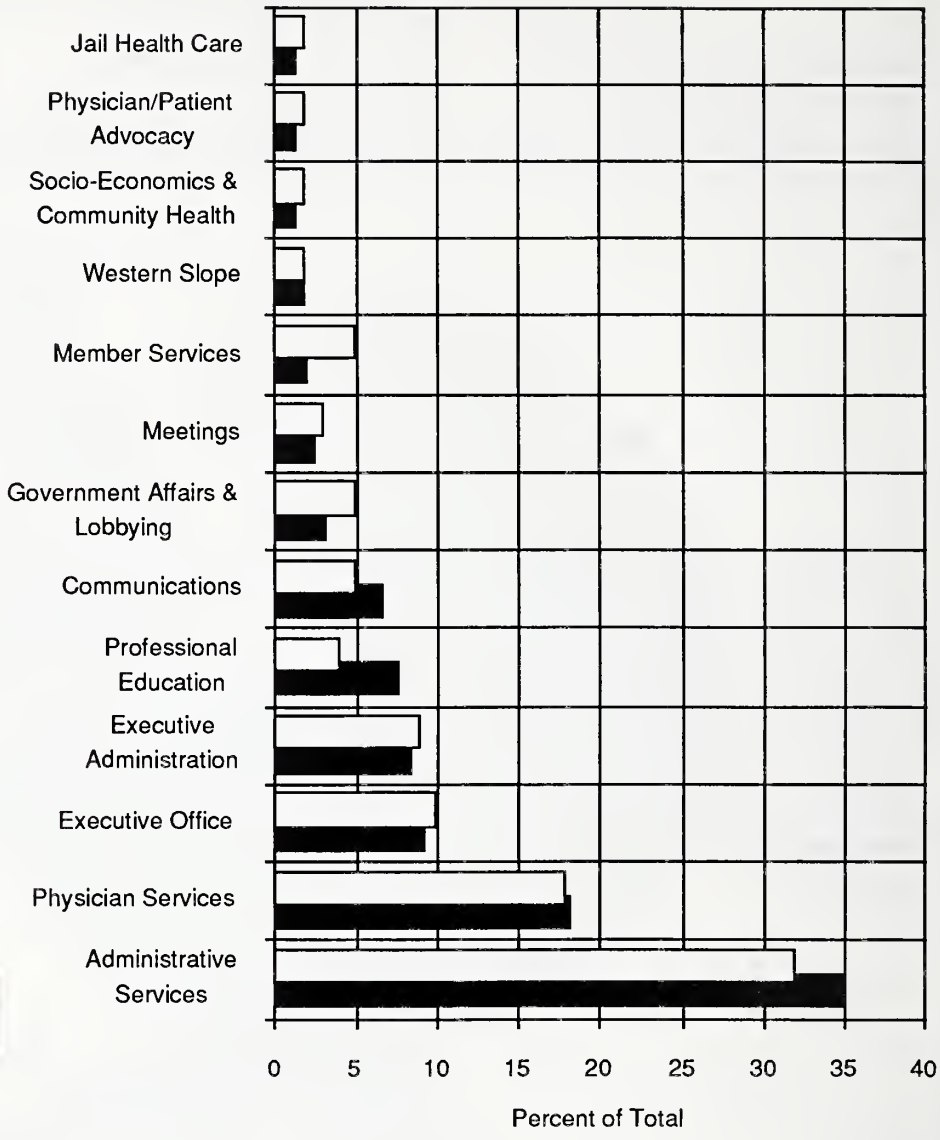
INCOME BUDGET

The income picture has changed somewhat as well. As you can see here, we do not rely quite so heavily on dues income as we have in the past. Increases in non-dues income, advertising and directory sales, interest income and other sources have allowed us to reduce our dependence on Membership dues , so they appear as a smaller percentage of the total income budget in fiscal year 1989-1990, as compared to 1988-1989. Turn the page for a comparison of the expense budget.

EXPENSE BUDGET

Here you can see the similarities and differences between this year's budget and last year's. Spending has been increased in some areas because of changing priorities and needs. Professional Education and Communication are a couple of good examples.

In other areas, efficiency and a lowering of costs have allowed us to spend less, but still maintain a high level of service. Executive Office and Executive Administration, for instance, are not as heavily funded this year, and because of our directional shift in the Governmental Affairs Department, costs are lower there. The budget for member services is less than half of last year's, yet there are actually more services now than in 1988.



CMS Member Honored by Peers for Excellence in Radiology

Evergreen Radiologist **Jeffrey D. Wicks, MD** was honored in September for "outstanding contributions to the field of radiology" by the American College of Radiology. Named as one of 107 new fellows by the College's Board of Chancellors, Dr. Wicks was honored during ceremonies at the ACR Annual Meeting in Seattle.

Dr. Wicks practices in Denver, belongs to the Clear Creek Valley Medical Society and has been a member of the Colorado Medical Society for three years. He did his internship and residency in Ann Arbor Michigan, where he received his Doctorate of Medicine from the University of Michigan.

Cletcher Gratefully Receives Highest Honor from Colorado Medical Society

September 22, 1989

John Farrington, M.D.
President
Colorado Medical Society
2735 Iris, Suite B
Boulder, CO 80302

Dear Dr. Farrington:

I would like to thank you, Dr. Hartley, and the Board of Directors for the recognition you all so generously afforded me at the recent Colorado Medical Society state meeting in Vail. There are very few times in my life that I have been so totally surprised. It is an honor that I did not expect and cannot accept without recognizing all the many others whose hard work and dedication have contributed to the success of the Physician/Patient Advocacy Council. The past and present members of the Council, as well as the dedicated staff, have made it work. We have had our successes, our failures, and our frustrations.

The Council is in good hands under the chairmanship of Dr. Robert McCartney. I look forward to working with him in the future.

I think we have only scratched the surface of our strengths as an organization. I have found from personal experience that changes can be made. We all as individual physicians need to become more active to bring order and changes in the chaotic health care arena today. We need to work together. We need to follow principles that have been long established in the history of medicine. The welfare of our patients, the needs of society, and the preservation of the medical profession as we know it today should occupy a high priority in our thinking and efforts.

It is no longer appropriate to sit back and "let it happen". It is no longer good enough to consider what is best for oneself. We are a very unusual group of people with very unusual skills and talent. We do jobs that no one else can do. It is up to us to say how it should be done, but we must do it honestly and fairly, and for the benefit of all concerned.

Respectfully yours,

J.O. Cletcher, Jr., M.D.

COPIC COMMENT

Protection of Physician Peer Review Activities

The reverberations of Oregon's Patrick case, and the specter of treble damages in antitrust convictions, have caused many physicians to call with an inquiry as to the protection provided them in peer review activities. The following information should provide you with the necessary answers, and we recommend each of you familiarize yourself with these points:

Professional Liability Insurance Protection. The COPIC Policy specifically provides coverage for peer review activities with the language "...including service by the insured as a member of a formal accreditation, standards review or similar professional board or committee..." Many other companies do not provide coverage for peer review activity; indeed, many of the policies currently being written in Colorado contain a specific exclusion for hospital medical staff peer review. This is an increasingly important item for consideration, and we suggest you review your own policy terms.

Statutory Protection. Colorado statutes provide protection for good faith peer review in most authorized organizational/institutional settings, by virtue of laws which are superior to most other jurisdictions in the U.S. The protection against civil liability was achieved years ago through the concerted efforts of organized medicine; the currently important safeguards against antitrust liability are embodied in 1989 legislation in which COPIC played a pivotal leadership role in drafting, testimony and lobbying. In essence, it is believed that the new statute satisfies the "state action" exemption requirement for antitrust immunity through the creation of a Committee of the Board of Medical Examiners whose obligation is to review complaints of providers who feel that peer review sanctions were tainted by anti-competitive behavior on the part of the peer reviewer(s).

Due Process/Good Faith. Physicians involved in peer review activities must bear in mind that these are the operative terms in this process. There is neither insurance nor statutory protection afforded to any peer review process which is done in bad faith or without due process being afforded to those under review or who are being sanctioned or disciplined. Written By-Laws or Rules of the reviewing organization must include the due process guarantees, be clear and understandable, must comply with Colorado law, and must be followed throughout the process. Unless these criteria are met, those performing the review do so at their own, considerable risk.

If you have any questions regarding your participation in peer review activities, contact COPIC's Risk Management Department, 779-0044 (WATS) 1-800-421-1834 outside metro Denver.)

Locum Tenens Guidelines Change Effective 10/1/89

Effective 10/1/89 COPIC will waive the additional premium charge for locum tenens coverage. In accordance with this policy change, the strict definition of locum tenens coverage will apply as follows:

1. Physician B is replacing Physician A (a COPIC insured) because of Physician A's absence due to vacation, emergency situation, etc.
2. Coverage for Physician B (the locum tenens physician) will be added to Physician A's policy by endorsement for the specific replacement dates.
3. Each locum tenens coverage period is limited to 30 days or less.
4. All locum tenens physicians must complete a COPIC application and undergo our customary underwriting review process. Please allow at least 5-10 working days for this review process.

Closing Your Practice

by Michael P. Thompson
for ***Colorado Medicine***

One of the most pressing, and increasingly common, questions facing the retiring physician is: "How do I close my practice?" This question also affects other categories of physicians, so it seems desirable to find some answers to it.

One good place to look is a recent (1988) publication of the American Medical Association Department of Practice Development Resources. It is entitled "Closing Your Practice" and provides information helpful in that process.

The book begins with an introduction that names the issues facing a physician who intends to close a medical practice. This general overview is very helpful in realizing just what the questions are, before moving on to the answers.

Answers are there as well, though, as the next sections deal with two of the thorniest problems. The first is notifying your employees. It's a ticklish job at best, procrastination makes it much worse, and handling it badly can really mess up the works. There are some good practical ways of handling it here. The second step is notifying your patients. If you don't, they can charge you with abandonment, but like notifying employees, there are right ways, wrong ways and better ways. Sample letters and authorization forms for transferring records are in the book.

What about collecting money owed you? An unpleasant task in any circumstances, but closing the practice makes prompt collection imperative. The book recommends starting the collection process about two years before you plan to close the practice, with a switch to asking for payment at the time of service (if you don't already do so). This helps keep the books current and you can make exceptions where necessary. If the patient cannot pay in full, the business manager takes him or her aside and tries (tactfully) to work out a payment plan. After this initial step (which may be preceded by a letter to patients, explaining the proposed change and when it will take effect), the next action involves letters to patients with overdue accounts. A whole series of sample letters is given, along with a format for follow up telephone calls. There is also a section on selecting a collection agency.

In addition to the collection process, the book also recommends aging your accounts receivable. This is a process by which past due accounts are tracked by age, giving you information on what collection action might be needed. It helps identify possible problems before they become too severe. Full charts, with time tables, examples and explanations are included. There is even a letter to be used for slow paying insurance companies.

Sections on Medical Record Retention and Release (see **Colorado Medicine** *for* January 1, 1989 for more information) and What Agencies to Notify close out the main body of the book. At the back, you'll find Checklists for advance planning and things that need to be attended to at or just prior to closing. The last page is an evaluation form to tell the publishers how you liked the book.

We present this information because a large number of physicians have requested it. If you would like a copy of this book, or others on related topics, please contact the AMA, Book and Pamphlet Fulfillment, PO Box 10946, Chicago, IL 60610-0946, 1-800-826-6895.

AIM HIGH

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AIR FORCE

COLORADO MEDICAL SOCIETY

A PHYSICIAN GUIDE TO CONTRACT ANALYSIS

from

Colorado Medical Society
Physician Services Division

Available to CMS Members in October: "The development of managed health care plans is changing the face of medicine. Participation in managed health care plans may provide certain advantages for physicians. Though advantages are significant, the financial risk with managed care tends to be transferred from the third party payer to the physician. This increased risk can take several forms.
Managed health care is here to stay and physicians must become involved in improving the system. To do this they need to work with managed health care systems to solve the existing problems." (*From "A Physician Guide to Contract Analysis," a new book to help physicians recognize potential problems involved in certain business relationships arising from participation in managed health care and various forms of alternative delivery systems.)* This book is being made available to CMS member physicians as a service of Colorado Medical Society.

Watch for it! It may be the most meaningful medical practice tool you'll see in the next decade.

New Influenza Consent Form

The Colorado Department of Health has issued a new form for obtaining consent before administering an influenza vaccine. This replaces the form issued in 1988 which was mailed to CMS members by the Division on Health Care Policy as part of a packet of immunization consent forms. The other forms in that packet are still valid.

For more information, or a copy of any of these forms, please contact the Colorado Medical Society, Division of Health Care Policy, (303) 779-5455 or 1-800-654-5653. ex.t 407. They may also be obtained directly from the Colorado Department of Health, Immunization, 4210 E. 11th Ave, Denver, CO 80220 (303) 331-8330.

Board of Health Adopts Emergency Malpractice Insurance Rule

The Colorado Board of Health adopted an emergency rule August 16 which lowers the professional liability insurance requirements for licensed community clinics and emergency centers. The rule, which took effect immediately, was proposed by Sue Rehak, Health Facilities Division of the Colorado Department of Health.

"This was basically an accessibility issue." Ms. Rehak told **Colorado Medicine**. "We have had to tell community clinics and emergency centers, 'Sorry, but we can't license you unless you purchase so much insurance', and they haven't been able to pay for that level of insurance."

Ms. Rehak told the Board of Health that "it is appropriate to lower the level of professional liability insurance required for licensure" of these institutions because "The current requirements have severely hampered the department's ability to license community clinics." She continued, "Although hospitals and most other health care facilities have had little trouble demonstrating compliance with the law, few community clinics have been able to demonstrate compliance."

Because most funding sources, including the state's medically indigent program, and federal and private grant programs, require a license as a condition for receiving badly needed operating money, there is significant hardship on these clinics, who are not able to purchase the high levels of insurance required by the Health Care Availability Act of 1988. In addition, Ms. Rehak said, since they usually require health care professionals to maintain insurance, have a smaller total patient volume and serve a narrow range of health care problems, their risk exposure is usually less than that of other types of health care facilities.

For these reasons, Ms. Rehak recommended that the Board adopt an emergency rule lowering the levels for these institutions from $500,000 per incident/$3,000,000 annual aggregate to $300,000/900,000 respectively. Based on the critical situation in many of these clinics and the resulting lack of availability of community based medically indigent and emergency care, the board did so August 16, with a rule that will remain in effect 90 days while a permanent solution is sought. The Act specifically empowered the Board to take this kind of action when necessary. For more information on these requirements, contact Ms. Sue Rehak at the Colorado Department of Health, Health Facilities Division, (303) 331-8703.

BME Doesn't Require Proof of Insurance

The Board of Medical Examiners (BME) has been receiving copies of Professional Liability Insurance certificates from many Colorado physicians, and, while they appreciate the concern, this is not necessary. BME contacted COPIC Insurance Company since all the certificates seemed to come from COPIC insureds. COPIC has no official policy of sending these certificates, according to a memo issued by Mary Hedin, Vice President for Policyholder services, so they assume that physicians have been doing this on their own.

The BME says that they do not require proof of insurance in the licensing process and have no current plans to begin requiring this. That policy could be changed, if necessary, but they do not anticipate that this will happen, even after January 1, 1990, when the new malpractice insurance requirements for licensing take effect.

The upshot is: You don't have to send your certificate of insurance (or a copy) to the BME for licensing. (**Colorado Medicine** will let you know if this changes.) For more information, contact Program Administrator Thomas Beckett, or Shannel Lorance at (303) 866-2468.

9Health Fair Adds Medical Coordinator

9Health Fair Director Sue Ellen Goss has announced the addition of Jill Thomas Moore, RN as the Medical Coordinator. Ms. Moore was formerly a staff nurse at Swedish Medical Center and her "responsibilities will include recruitment, orientation and coordination of medical volunteers for the 9Health Fair and 9Give 'Em Health" according to Ms. Goss, who said that "These two programs draw approximately 65,000 participants from across the state annually."

9Health Fair was endorsed by the Colorado Medical Society in 1989. For more information, contact the 9Health Fair at 893-4455.

Conference To Highlight Public Health

"The Future of Public Health in Colorado" will be the theme of a conference November 3, as part of a long term effort to assess and improve the quality of public health in the state. (See more details on other efforts in this area in the Colorado Department of Health article on the same subject, elsewhere in this issue.) The conference is a partial response to a 1988 report on "The Future of Public Health", published by the Institute of Medicine of the National Academy of Sciences, which warns that the system is not prepared to deal with the complex and challenging problems of the future. Keynote speaker at the conference is to be Dr. Richard Remington, chairman of the Institute of Medicine committee that produced that report.

Several study groups will meet at the conference and Governor Roy Romer will introduce a newly formed 15 member Blue Ribbon Panel to further study the issues they raise. The panel will deliver their report to the Governor at the 1990 Annual Meeting of the Colorado Public Health Association and it will be used to formulate public health policy in the 21st century.

The conference is slated for November 3 at the Marriot-City Center, in Denver, from 9 am to 5 pm. Registration is $30 per person and all interested parties are welcome to attend. For more information or a conference brochure, call Susan Rehak, Project Director at (303) 331-8703.

Conference Explores Safety Issues

A statewide conference held in Denver September 8 addressed issues of workers' compensation, workplace injuries, fleet safety, drinking, driving and drugs in the workplace. **"Reducing the Toll": Colorado Conference on Auto Insurance and Safety Issues** featured business and insurance industry leaders who concluded that business and industry have a vested interest in preventing losses by increasing safety.

Drinking and driving was a targeted behavior, as was driving without seat belts. In fact a study of Colorado's year old mandatory seat belt law found that in addition to saving lives, the law reduced medical costs and serious injuries. The data, compiled by three physicians at the University of Colorado Health Sciences Center, revealed that 80% of the 446 people killed in Colorado since the law took effect were not wearing seat belts. The study found that almost half of the people wearing seat belts were not seriously injured, while 84% of those not wearing seat belts were injured. Non seat belted people involved in auto accidents were hospitalized longer, spent more days in intensive care units and required more surgery.

Dave Hlavac, director of the Colorado Seat Belt Network, called for even tougher strides in this area. "We need to make violation of the seat belt law a primary offense and raise the fines for non compliance, and policies in the workplace are a vital component of this goal. Studies have shown the usage rate is 15 to 20% higher in states with those laws on the books."

The conference was sponsored by the Insurance Information Institute and the Western Insurance Information Service. For more information, contact Nancy Ritchey at (303) 759-2892.

Allergy Conference

The National Jewish Center for Immunology and Respiratory Medicine is sponsoring an **"Update on Clinical Allergy"** Conference February 7-11, 1990 at Keystone, Colorado. Topics will include Respiratory, Allergic and Immune Disorders. For more information and a brochure contact: Jeri Wagner, National Jewish Center for Immunology and Respiratory Medicine, 1400 Jackson St, Denver, CO 80206, (303) 398-1828.

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OCCUPATIONAL/AMBULATORY CARE—Full time experienced physician needed for well established regional medical center in Boulder. Send CV to COHBI, 5440 Conestoga Ct., Boulder, CO 80301. Call 443-0687. 4/889

IMMEDIATE OPENING for General Surgeon in rural Nebraska. BC or BE. Must be licensed in NE. Excellent benefits. Great Hunting and Fishing. Send CV to Wallace & Panzer, MD, PC, 807 N. Ash, Gordon, NE 69343, (308)282-1164. 3/1189

PHYSICIAN EXPERIENCED IN PRIMARY CARE and interested in outpatient orthopaedics and occupational health care sought for outpatient facility with excellent clinical and business reputation. Excellent reimbursement package for motivated individual with good clinical and people skills, Contact Dr. Bernton, Medical Director, The Holly Clinic, 120 Bryant Street, Denver, Colorado 80219; 936-9700. 4/789

FAMILY PRACTICE (BC/BE) OPPORTUNITY in S.E. Colorado. Community with 5000 trade area. Excellent O.B. Potential. Associate with established physician, 25 bed hospital & 40 bed nursing home. Forward CV to James Giedd, Recruiting Coordinator, 2101 S. Memorial Drive, Lamar, CO 81052, or phone (719) 336-4343. 12/4189

COLORADO SPRINGS—Thirty five physician multispecialty group is seeking BC/BE primary care internists and BC/BE family practitioners. Fee for service and prepaid practice. Guaranteed salary with incentive arrangement. Please send CV to: Bruce Minear, Executive Director, Colorado Springs Medical Center, 209 South Nevada, Colorado Springs, CO 80903. 3/989

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Internist or Family Practitioner to temporarily take over a practice in Boulder this fall. Phone Robert McFarland, M.D. (303)443-8585. 1/1089

ALLERGIST—BC/BE to join well established multi-specialty group. Good starting salary with incentive program. Exellent corporate fringe benefit program. Practice situated in medium size city 45 miles North of Denver, Colorado.
Contact: Denise M. Miller, M.D.
c/o Longmont Clinic, P.C.
1925 Mountain View Ave.
Longmont, CO 80501 4/789

DENVER FAMILY PLANNING CLINIC. Gyn/family planning/abortion clinic seeks experienced board certified/eligible physician for first and early second trimester practice. Two part time positions are available, 10-15 hrs./week. Experience with sonography helpful but not mandatory. Send resumé to: Respond Box T, *Colorado Medicine*, PO Box 17550, Denver, CO 80217-0550. 6/889

We have an excellent opportunity for a BC/BE FAMILY PHYSICIAN to work with our group of three Family Physicians doing full spectrum Family Practice including OB. Full time and half time positions are available. Send CV to Janet Pederson, MD, Ponderosa Family Physicians, 14992 E Hampden #210, Aurora, CO 80014, (303) 690-4891. 3/889

GENERAL SURGEON— ROCKY MOUNTAINS

Gunnison, Colorado is seeking a BC or BE General Surgeon (private practice) immediately. Challenging opportunity with less than full time hours necessary. Area offers pleasant lifestyle, major ski area and Western State College with approximate service population of 12,000.

Send inquiries with CV to Mr. Robert S. Austin, Gunnison Valley Hospital, 214 East Denver Avenue, Gunnison, Colorado, 81230, or call (303) 641-1456. 3/1089

1989 Physician's Directory
Order extras for your staff! Member price only $15 + $2 p&h. Mail to: Physician's Directory, PO Box 17550, Denver, CO 80217-0550. (non-member price $45 + $2 p&h)

PROFESSIONAL OPPORTUNITIES

ASPEN, CO—GENERAL INTERNIST wanted for Locum Tenens during ski season Dec. 15 to Apr. 15. Send CV to Personnel, 100 E. Main, Suite 201, Aspen, CO 81611. 3/1089

INTERNIST—Immediate opportunity for internist in a Denver senior health center. Patient population consists of functional seniors. Guaranteed salary plus 100% of inpatient billings. Fifth night, fifth weekend call. Send resumé to Sally Robertson, Medical Staff Development, 1650 Fillmore Street, Denver, CO 80206, or call (303) 393-3639. No search firms. 1/1089

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COLORADO: Superb Oncology practice opportunity in growing Colorado city. Thirty minutes to pristine high country, fifty minutes to Denver. Association available for Board Certified/Eligible Oncologist with good credentials. Reply 1240 Doctors Lane #200, Ft. Collins, Colorado 80524. 3/1089

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Linda Heinrich
Student Health Service
Colorado State University
Fort Collins, CO 80523

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ORTHOPEDIC SURGEON/COLORADO SPRINGS—Large, multispecialty, prepaid and fee for service group seeking BE/BC Orthopedist. Guaranteed first year salary with benefits, plus incentive arrangements. Contact or send CV to: B. Gerrard-Gough, MD, Colorado Springs Medical Center, 209 S Nevado, Colorado Springs, Colorado 80906, (719) 475-7700. 3/989

FAMILY PHYSICIAN to join 2 BC FPs in Longmont, CO. Immediate opening. Young patient population in growing community 45 min. from Denver and Rocky Mountain Nat. Park. Send CV to Susan Roach 1309 Sunset, Longmont, Colorado 80501. (303) 772-5578. 3/1089

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James F. Seeton, MD
Poudre Valley Hospital
Family Medicine Center
1500 South Lemay Avenue
Fort Collins, CO 80524



OPENING for Board Eligible or Board Certified Associate for established Ophthalmology practice in beautiful Western Colorado. Contact Nicholas G. Cole, 830 S. 4th, Montrose, CO 81401. (303) 249-6662. 6/989

PROFESSIONAL OPPORTUNITIES

PHYSICIAN with interest in the interdisciplinary team approach to the developmentally disabled, dually diagnosed and General Medicine including medically fragile patients. Contact James A. Salbenblatt, MD, Medical Director, 10285 Ridge Road, Wheat Ridge, CO 80033. (303) 424-7791, Ext. 222. 4/989

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Colorado Eye Associates, P.C.
2920 North Cascade Avenue
Colorado Springs, CO 80907-6625
12/989

AURORA, CO p/t position available for a BC/BE Family Physician (Female preferred) to work in a women's clinic. Must be able to work one evening a week. On call is telephone only every third week. No OB and hospital work is very rare. Competitive Salary. Call 671-6110 for an interview. 2/989

New Directions for CMS Government Affairs

The Government Affairs Department of the Colorado Medical Society has been undergoing a restructuring in the last couple of months. Much of the activity culminated today with the confirmation of **Sue Ellen Quam** as Director of Government Affairs and **Sandra Cloon** as Departmental Secretary. **Lorraine Koehn** will continue as Program Manager and Lobbyist.

Sandi Maloney, Assistant Executive Director for Physician Services, expressed optimism at the hiring of Ms. Quam and the future of Government Affairs activities at the Society. She said that CMS will be taking a much more proactive approach to influencing government activities in the future, addressing legislative concerns directly and *proposing* legislation, more than trying to influence the direction of existing legislation.

The addition of Ms. Quam will be a vital step in that direction. She comes to CMS from the Colorado Department of Health, where she is currently the Legislative Liaison. She has also been the Political Action and Legislative Coordinator for the Colorado Association of Public Employees and Program Planner and Grant Writer for Denver Opportunity, Inc., along with other positions and self employed contract lobbying efforts.

Sue Ellen Quam received a Bachelor's Degree in Social Science/Secondary Education and a Master's Degree in Public Administration from the University of Nebraska. She has worked in numerous state and local political campaigns and was awarded a Fellowship in Public Administration and a Graduate Assistantship in Public Administration while at the University. At the Health Department, she has been responsible for promoting and lobbying legislation and managing the flow of information to interested parties.

Sandra Cloon comes to CMS from the Policyholder Services Department of COPIC so she is already familiar with the physician community and their concerns. She will act as a general assistant and support to the other members of the Government Affairs Department, including long-time Program Manager and Lobbyist Lorraine Koehn, who has been carrying the load of the whole department for several months. Ms. Maloney said that future plans include the services of a contract lobbyist to supplement the other activities of the department.

CMS Med Fax

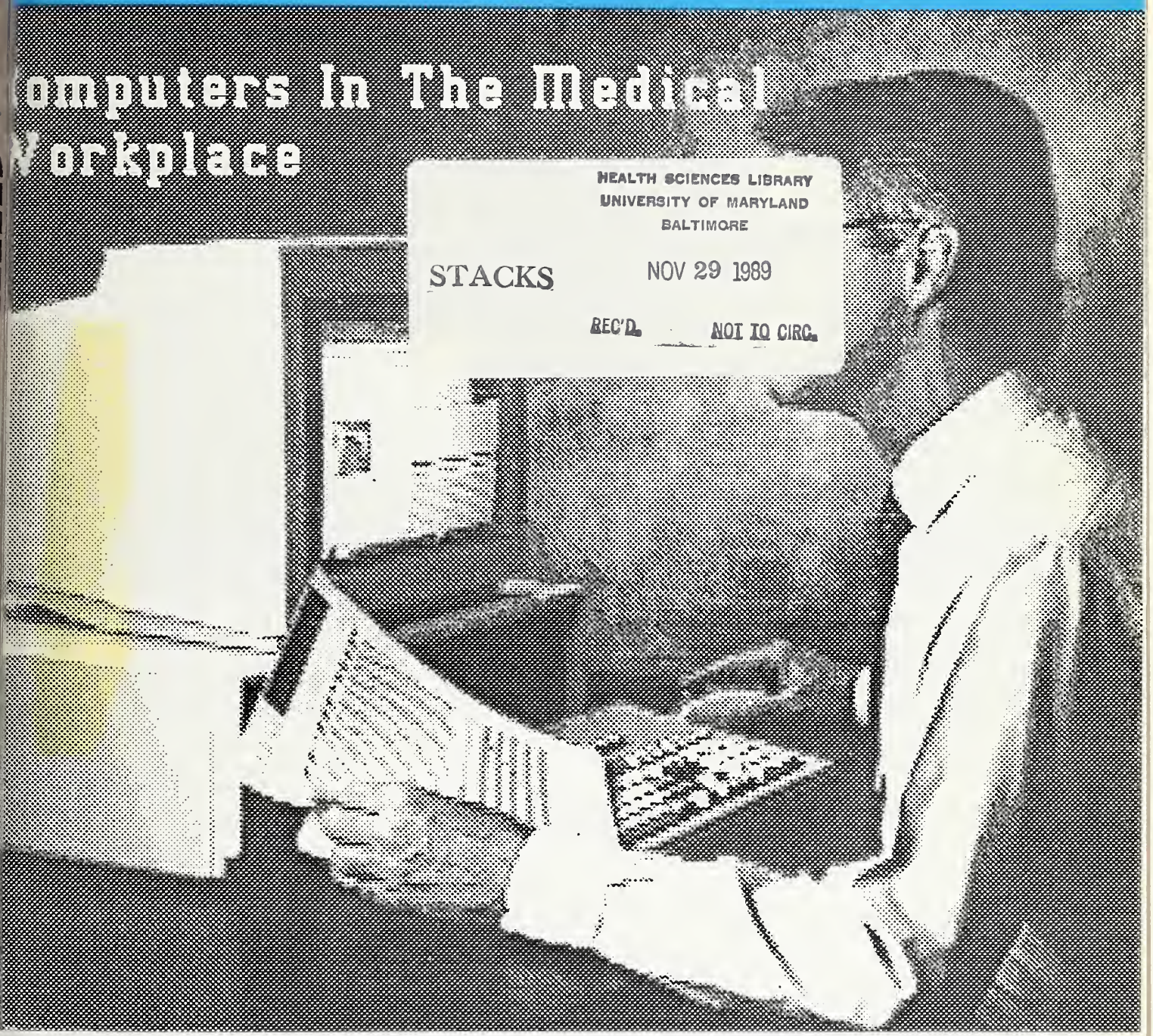
CMS CALENDAR FOR OCTOBER

10/10	Young Physicians Section	6:30 pm
10/11	Council on Community Health Issues	12:00 noon
10/17	Coalition on Senior Health Issues	2:00 pm
	Cmte on Health Data Commission	4:00 pm
10/18	Cmte on Maternal and Child Health	12:00 noon
10/19	Cmte on School Health & Sports Medicine	6:00 pm
10/24	Program Committee	4:00 pm

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November, 1989 Volume 86, Number 17

omputers In The Medical Workplace

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Colorado Looks at Health Care Rationing

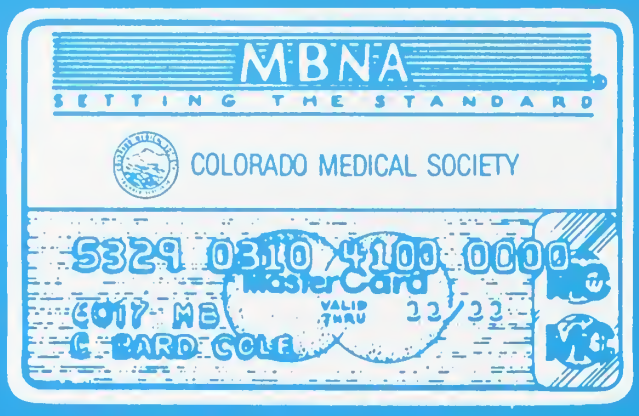
CMS to Sponsor a Forum on "Ethics and the Economy"

(See page 334)

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I have read this entire application, agree to its terms, and certify the information is correct.

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If you wish an additional card issued to a co-applicant over 18 years of age, complete the information below.

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BGKR 01-173 04-517

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by George O. Thomasson, M.D., Chairman Council on Issues in Community Health and the Medical Informatics Committe and Bill Pierson, Director of Communications

332 — **What Is Medical Informatics?**
by William W. Stead, M.D., Director, Medical Center Information Systems, Duke University Medical Center.

335 — **Computers In The Medical Workplace**
by Barbara M. Drury, President Pricare, Inc.

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329 — **President's Letter: "The Process Does Not End Here"** John Farrington, M.D., reviews the Annual Meeting and the need for more and better communications by members with their representatives.
338 — **Executive Director's Update**
339 — **MILE HIGH NEWS** - Colorado Medical Society Auxiliary review of 1989 Annual Meeting.
348 — **Medical News**
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361 — **Classified Advertising**

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344 — **Peer Review Regulations: PRO Third Scope of Work:** the first of two parts on how physicians can avoid problems with the PRO.
350 — **119th Annual Meeting: Proceedings of the House of Delegates**
354 — **Views of the 1989 House:** Picture Jack Cletcher, MD, speechless.



This Month's Cover—*Computers in the Medical Workplace* are a force to be reckoned with, and the CMS Committee on Medical Informatics is reckoning. The picture you see on the cover is a computer-generated photograph using a scanning process. This shows just a little of the power of the newest and principal communication, diagnostic and analytic tool in medical practice. Whether you use it just to manage patient records, or whether it is an overall office management system, this is only the beginning. Our man at the computer terminal was reproduced from a photograph template in the Aldus Pagemaker™ program.

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AT PRESS TIME... CMS Med Fax

AT PRESS TIME: CMS Med Fax features items which came to light too late to be included in Colorado Medicine, but which we felt you needed to know quickly. It was printed after the rest of the magazine had already gone to press, then inserted. Eds.

1990 Legislative Proposals

from Lorraine Koehn, Lobbyist
Colorado Medical Society
Government Affairs Division

The Legislative Joint Review Committee for the Medically Indigent completed its work on October 23. The following proposals will be submitted as committee bills and will not be counted against the sponsor's four bill limit:

***Concerning Uncompensated Health Care** (Pankey): Requires regulated health care professionals (physicians, nurses, pharmacists, social workers, etc.) to provide a certain number of hours of uncompensated care as a condition of licensure.

***Concerning the Provision of Health Services to the Medically Indigent** (Taylor-Little/Hopper): Patterned after the Oregon legislation. Establishes a health services commission which is directed to develop a list of health services by priority which will be funded under the act.

***Concerning a Pilot Program for Cost Reductions in the Medically Indigent Program** (Schroeder/Pankey): Establishes a pilot program of demonstration projects for health care services for the medically indigent in selected geographical areas of the state.

***Concerning the Creation of an Ambulatory Health Care Program for Low-Income Children** (Hopper/Dyer): Provides ambulatory insurance coverage through a managed health care system for low-income children without health care insurance for children under 9 years of age who have family incomes less than 150% of poverty.

***Concerning the Medically Indigent Health Care Program** (Pankey/Martin): Increases services in geographically underserved regions of the state by allowing primary care delivery providers to provide services in areas of the state where no general providers exist or where unmet need for primary care exists.

***Provision of Health Insurance as an Alternative to Coverage Under the "Workmen's Compensation Act of Colorado"** (Brandon/Dyer): Provides that employers may offer health insurance in lieu of coverage under the "Workmen's Compensation Act of Colorado".

CMS staff will be referring the proposals to the appropriate councils and committees for review and recommended positions.

Please note that the above summaries are necessarily brief in order to meet the "At Press Time" deadline. Look for more details as developments occur in the months to come. One item of special interest will be an article on Infectious Waste regulations and how they are to be carried out. This is planned for the December issue of **Colorado Medicine**. In the meantime, you will need to make a plan for infectious waste disposal in your medical practice.

CMS Med Fax

Items from the Physician Services Division Colorado Medical Society

Sandi Maloney, Assistant Executive Director for Physician Services

PPAC Seeks Information on BC/BS Medicare Audits

The Physician/Patient Advocacy Council (PPAC) recently sent a letter to CMS members regarding Medicare audits. Please note that data we are seeking relate strictly to post payment reviews performed by Blue Cross/Blue Shield of Colorado, the local Medicare carrier.

PPAC is not seeking information regarding the activities of the Colorado Foundation for Medical Care (CFMC). However, if you have questions regarding CFMC denials, please route these to the Peer Review Oversight Committee.

Medicaid Physician Committee: Working For You

The newly formed Medicaid Physician Committee, under the chairmanship of Dick Wright, MD, will be providing vital information regarding the Colorado Medicaid program. Please read the next issue of **Colorado Medicine** for details.

Contract Analysis Guide On Its Way

The *Physician Guide to Contract Analysis* (see a description of this useful publication in the October issue of **Colorado Medicine**) has been mailed to all members. If you have not received your copy, please contact the Physician Services Division of CMS, (303) 779-5455 or 1-800-654-5653.

You may purchase additional copies for $15 each. Non members may purchase a copy for $25.

President's Letter



John F. Farrington, M.D.
President, Colorado Medical Society
1989-1990

The 119th Annual Meeting of the Colorado Medical Society in Vail addressed many issues of importance to physicians and their patients. Resolutions ran from control of fireworks to termination of pregnancy. A very gratifying resolution granting Honorary CMS Membership to Carol Tempest, long-time CMS lobbyist, was passed by the House. Carol's accomplishments on behalf of CMS spanned eleven years and the House took this means of expressing its thanks for her contributions.

Special notice should be given other resolutions:

RES-40-P ***Distribution of Medically Indigent Monies,*** calls for the legislature to make avaialble "adequate funds" and that these funds "be equally distributed".

RES-41-P ***Case Management*** endorses the utilization of *qualified* geriatric care managers.

RES-28-P ***Private Review Agencies*** would use the legislative process to require state certification of all private, non-governmental utilization review agencies.

RES-54-P ***Position on Rocky Flats*** reaffirms the Society's policy for independent monitoring of Rocky Flats Nuclear Weapons Plant.

RES-31-A ***HCFA Regulations*** demands that HCFA (Health Care Financing Administration) evaluate the financial impact on the increase in health care costs of the regulations they promulgate.

RES-50-P ***Expenditure Targets*** placed CMS in opposition "to the use of E.Ts. to control the volume of services" and "calls for research on the effectiveness of medical interventions to determine the effect on their outcomes".

"The process does not end here!"

The process does not end here. Each of these resolutions will be referred to the appropriate Council or Committee for further action. Resolutions 40-P, 41-P and 28-P will go to the Council on Legislation. Working through the CMS Department of Government Affairs, legislative positions will be developed to attempt to implement the intent of the House. Resolution 54-P will go to the Committee on the Environment which will monitor the activities of the Governor's Council and report progress (or lack thereof) in implementing independent monitoring of Rocky Flats. The committee will report on a regular basis to the CMS Board of Directors.

Let me focus on Substitute Resolution 53-P as an example of the way CMS governance functions and how the rights of minority expression are protected. The Women in Medicine Section introduced RES-23-P at the 1989 Interim Meeting. The resolution addressed the termination of pregnancy as a "safe medical intervention" that should not be denied a patient by government action. This carefully worded resolution was felt by its authors to be a "middle of the road" position. The two groups, *Right To Life* and *Pro-Choice*, did not agree with this assessment, each feeling that the other's position would prevail. Representatives from these two groups met with Dr. Robert Hartley and worked out the substitute resolution that addressed the philosophies of both groups. This substitute resolution was then brought back to the House of Delegates, passed, and is now policy of CMS.

The governance of CMS is truly representative but it can only represent those members who are willing to have their points of view heard by becoming involved in their component societies and, through them, in the fuctioning of CMS. Any CMS member is welcome to participate in the activities of the Reference Committees at the Annual and Interim meetings of CMS. If you want more than involvement, run for a delegate position from your component medical society. Any CMS member is welcome to communicate with members of the CMS Board or with CMS officers, either in person or by letter. The job of the Board and the officers of CMS is to carry out the directives of the House of Delegates and to represent the membership of CMS to the public and government. To perform these functions, we must know your concerns and potential solutions to the problems our profession faces. Complaining to your colleagues about these problems may make you feel better, but unless these concerns are brought to our attention, we cannot help. The more physicians who express concerns about the same problem, the more effectively we can address that problem. There is strength in numbers, even in the number of complaints. **Communicate, communicate, communicate with us!**



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Medical Informatics

Introduction to Medical Informatics

by ***Bill Pierson,*** *Editor*
Director of Communications
Colorado Medicine

In the mid-1970s, when someone much more intelligent and insightful than I said "The decade of the '80s will see the United States economy move from a manufacturing to an information and communications base" I did not fully realize what they were saying. Today, I believe I understand. With the rapid technological development of the computer during the past thirty years (most of which has occurred in the last ten), information handling is the key. No longer do we look to the musculoskeletal development of the man (or woman) managing a single open-hearth furnace of a steel plant. Instead, we can thumb through trade journals finding pictures of a "micro-chip" less than a quarter-inch square and wafer-thin which is managing an entire steel-manufacturing and forging process. Where, in this, is there a medical practice relationship? Look about your own practice and you can see that your effective practice is, today, more dependent upon information handling than it is on the pure science of medicine. This realization has been slow in coming, but physicians, today, are finally coming to grips with this fact. Colorado Medical Society leadership has taken the lead to establish a ***Committee on Medical Informatics.*** The committee provided CMS members with the first seminar on medical informatics at the Annual Meeting in Vail (September 16, '89). The seminar consisted of a 2-hour session designed to introduce the subject and demonstrate various types of informatics already available in Colorado. Barbara Drury, President of Pricare, Inc., is a member of the CMS Medical Informatics Committee. On the following pages you'll find an article reprinted from ***M.D. Computing***, a national publication devoted to this "age of medical computers". You'll also find an article by Ms. Drury concerning the applications of computers in the medical workplace apart from those highly technical medical devices which perform computer-assisted analysis and diagnosis.

In medical informatics, we're talking principally about the working-day management of information.

The Medical Informatics Committee took on five informatic projects to introduce at the Vail seminar:

1. A non-computerized pre-natal risk-management system
2. A computer-generated, problem-specific encounter form
3. A practice management system used for tracking medications
4. A PC to mainframe link developed and supported by a hospital for its physicians, and
5. A video-disc and computer system using a touch screen for medical education.

As Ms. Drury points out, "With an ever-growing body of medical information, we will find that the management of medical data (medical informatics) is an essential component of good patient care and good business".

The CMS Board of Directors and House of Delegates felt that through the funding and establishment of the Medical Informatics Committee this rather ethereal body of information concerning computers in the medical workplace could be captured and focused to the good of the Society membership. Future seminars will be held; the subject of computer usage will be appearing and featured in **Colorado Medicine**; the Risk Management training program of COPIC Insurance Company will further incorporate emphasis on information management through computer usage.

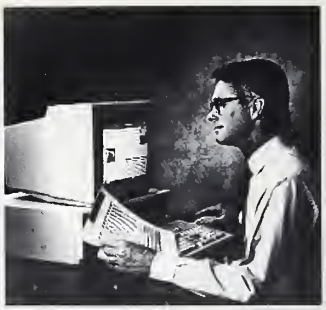
"Decision-making with precision is an essential physician skill. Effective decision-making requires high quality information and efficient systems to organize the data in a useful manner. Physicians have been compromised in acquiring and utilizing precise decision systems because of spotty educational opportunities and lessening information overload. This results in defending allegations of malpractice, unrealistic patient expectations about outcome of medical treatment, and an increased percentage of refused billing.

Help is in sight! The rapidly developing field of medical informatics promises useful skills to physicians in sorting need-to-know information from the rest and organize that information in ways to enhance the quality of medical decision-making.

Becoming knowledgeable in this discipline is well worth the doctor's time and will provide rewarding and satisfying new insights into information management skills with and without a computer."

George O. Thomasson, M.D., Chairman, CMS Council on Issues in Community Health and the Medical Informatics Committee

What Is Medical Informatics?



by ***William W. Stead, M.D.***
Associate Professor in Medicine and Director, Medical Center Information Systems
Duke University Medical Center
Durham, North Carolina

Reprinted from
M.D. Computing,
An Official Journal of the American Association for Medical Systems and Informatics

The use of computers in health care, medical education, and biomedical research has lagged behind early expectations. The health-care fields are data- and information-intensive, but they involve as much art as science. Individuals with traditional computer-science and engineering backgrounds inevitably meet with frustration when they try to develop systems for health care because they do not recognize the variability inherent in this field, and their medical colleagues do not realize how rigidly a problem must be defined to be solved by a computer.

Medical Informatics is a developing discipline, a multidisciplinary field, which has grown out of the recognition that effective utilization of computers in health care will occur only when there emerges a critical mass of individuals who undersand both the fundamentals of medicine and those of engineering and information science. By *medical*, we do not mean M.D., but all parts of the health-care arena: allied health; biological sciences; health-care facilities; health-services research; medical specialties; and nursing.

In the medical setting, *informatics* is used in a broader context than *information science* to include all aspects of the computer milieu:

- algorithms (Bayesian, decision trees);
- artificial intelligence (decision making, natural-language processing, robotics);
- biometry (biostatistics, epidemiology);
- communications (networking, telecommunications);
- database methods (classification and coding, data acquisition, data display and reporting, data standards, database design, database management, distributive databases, query methods);
- imaging and signal analysis (imaging, graphics, pattern recognition, signal processing);
- hardware design (instrumentation, human factors, man/machine interface, workstations);
- simulation and modeling;
- systems and organizations (analysis of information flow, attitudes towards systems, organization development, strategic planning, system evaluation, system implementation, and system transportability).

Individuals working in medical informatics have backgrounds in one or more medical areas and in one or more informatics areas, and work at the interface between the two fields. They are responsible for influencing the development of basic tools and techniques in their area of expertise, while simultaneously developing applications involving:

- clinical decision support (computer-aided diagnosis, computer-aided treatment, protocol-directed care);
- computer-based interviewing;
- computer-based medical records;
- departmental/ancillary systems (care plans, charge capture, documentation of service, inventory, item tracking, order management, quality control and error prevention, result reporting, scheduling);
- instructional information systems (computer-aided instruction, computer-managed instruction);
- management systems (administration/discharge/transfer, appointments, billing and accounts receivable, cost determination, forecasting, office automation, payment plan management, utilization review);
- national databases (bibliographic databases, knowledge databases);
- physiological monitoring;
- research systems.

The true test of whether medical informatics is, in fact, a new field, or just a fancy term to describe those individuals who build medical systems, will depend upon whether its workers can influence the direction of the basic disciplines that make up the field — and train successive generations of medical informaticians. Participants in this domain have taken several steps to meet these challenges.

AAMSI, the American Association for Medical Systems and Informatics, has been established as the membership organization for people interested in medical informatics. The membersip includes experts in the field, trainees, and individuals who do not want to specialize in medical informatics, but who want to know how to use computers in their branch of the health-care system.

ACMI, the American College of Medical Informatics, has been established as a credentialing organization, with the responsibility to foster and promote medical informatics through the development of curricula, research, and policies.

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LEGAL UPDATE:

PEER REVIEW ACT CHANGED

By SUSAN T. SMITH

The Colorado Medical Peer Review Act has been significantly changed. Physicians subject to final, adverse peer review who believe the results stemmed from unreasonable anti-competitive conduct "shall have as their sole and exclusive remedy direct review of the (peer review) record" by a newly established State Board of Medical Examiners committee on anti-competitive conduct.

The statute also requires a compliance review of bylaws governing the process of peer review by medical staff and others.

Attorney Susan T. Smith heads the health care administration department at Pryor, Carney and Johnson, P.C., a 40-attorney Denver law firm that offers a full range of services to health care providers including medical malpractice defense, contract negotiations, Medicare/Medicaid, peer review, medical staff issues and personal legal services.

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Health Care Rationing

Colorado is looking at the growing inability of its citizens to get health care. The current economic reality of limited available dollars to meet an unlimited demand for health care has forced the health care system to ration care on the basis of access without a defined health care policy or any rational principles. The social and economic consequences resulting from the problems of uncompensated care and limited access are putting physicians in conflict with their personal and professional ethics and with society's expectations of the health care system.

As providers and policymakers struggle with these dilemmas, options for health care resource allocation are being considered. The concept of "rationing" forces difficult decisions for providers attempting to balance personal and professional ethics with the current reality. In an effort to foster an open discussion about these issues, the Colorado Medical Society will host

"Ethics and Economy"

Scheduled for Wednesday, December 13, at the Raddison Hotel, Denver South, this half-day session on "Ethics and Economy" will bring together providers, policymakers, and payors to discuss the ethical problems posed in facing the challenge of restoring rationality, equity and economic stability to our healthcare system.

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Medical Informatics

Computers In The Medical Workplace

by ***B. Drury, President,*** *Pricare, Inc.*
Independent Computer Management Analysis
Englewood, Colorado

It's true that you can automate anything in the medical workplace. Appropriately selected software and hardware can make our work in healthcare more accurate, our people more productive and better informed. Whether the workplace is the hospital, a private practice or multi-specialty clinic or a free-standing laboratory service, computers provide accessibility to and continuity in handling information.

However, successful automation of any task is dependent upon realistic analyses which should include the following considerations:

1. **What is the source of data?**
2. **How much data is needed?**
3. **How often is the data to be entered or updated?**
4. **Integration? What other automated jobs provide part of necessary data for this job?**
5. **Is this job so unique that we need a custom program?**
6. **What kind of a user will be entering or updating data?**
7. **What kind of a user will be viewing screens and reading reports?**
8. **Once the data is in the computer, is the output organized appropriately?**
9. **How many users need simultaneous access to this data?**
10. **What technical and physical surroundings will be good or bad for this job?**

BUSINESS RECORDS

Accounting is the most frequently automated job; it helps both the business office and the manager (CPA, physician, controller, CFO, etc.) . Accounting software may allow the business office to enter invoices as received, review cash requirements, select or de-select items and print checks. A financial statement listing assets, liabilities and an income/ expense statement could be included. Maintenance of payroll deductions, accrued/used sick time, cost distribution could be maintained on the computer. Delivery of a service (set a broken arm) may automatically deplete inventory (casting materials), permitting the business office to monitor inventory.

The practice or hospital will generally choose a tailored hospital information system (HIS) or a medical practice management system (MPMS) for patient and third party billing. Generic accounts receivable software used by accountants, lawyers or retailers cannot accomodate such medically specific requirements as ICD-9 diagnostic codes or specially formatted outputs such as the HCFA 1500 or the UB82. The HIS or MPMS software comes with a plethora of reports which may display to the screen and/or print to paper.

Even though the accounting data comes from paper documents (invoices, encounter forms, lab slips, receipts, etc.) and the data must be keyed or scanned into the computer, the efficiencies for the business office are numerous: labor-intensive jobs like copying patient ledgers for monthly statements or finding accounts with old and large balances are automatic and often unattended by-products of the entry process. Any operator or manager with approved security can access data regarding a certain patient or employee or supplier. It's much harder to lose a computer than a ledger card or file folder!

WORD PROCESSING

There are many reasons why we need to document our work in healthcare: liability, public relations, consistency and follow-up are some of the more obvious. Word processing software programs may be used throughout the medical workplace. Medical records are more legible when prepared on the computer's word processor. Correspondence with consulting physicians or patients or third-party-payors may be automatically prepared, yet personalized, using the word processor. Patient education or pre- and post-surgery checklists prepared and updated on the word processor can reduce risk and improve the quality of care.

CLINICAL TESTING

John Wiley & Sons' *1988 Encyclopedia of Medical Devices and Instrumentation* discusses more than 280 medical devices that use a computer. Many are highly technical and expensive. Use of this type of computer is limited to professionals specifically trained and the computer is frequently dedicated to performing a specific clinical test. Accounting and word processing are generally not available on the same computer. The devices use software based on known medical information organized around algorithms, biometry, data base

COMPUTER GLOSSARY

Communications protocol: A strict procedure that devices must follow in order to initiate and maintain communications with one-another.

Data base: A collection of related information.

Down-load: The process of transferring information between computer systems. "Down" indicates the direction of information flow, from a remote system to a local system.

Electronic messaging: Communication that utilizes the computer as the medium of transmission between the sender and receiver.

Entry: The process of entering information into a computer.

Hard disk: A device used by a computer to store and retrieve electronic information. With hard disk drives, the "disk" and "drive" sections can not be separated. With "floppy" disk drives, the magnetic media can be removed.

Hardware: The physical components of a computer system.

Informatics: Information science (see article: "***What Is Medical Informatics?*** "in this issue).

Input: Entry of information via computer terminal keyboard (see "Entry" above).

Keying: (Same as "Entry" and "Input" above.)

Mainframe: A large computer system, in terms of size, cost and processing capabilities. They range in cost from one-half million to several million dollars. They require a special room of their own for environmental reasons. They can process very large amounts of data very rapidly.

Microcomputer: A small (in size) computer system that fits on a desk and does work for one user at a time. This definition is changing rapidly, as some "microcomputers" that fit on a desk are very powerful and will support several users concurrently.

MODEM: An acronym for a device that **MO**dulates/**DEM**odulates electronic information. Computers and "FAX" machines use information in digital form. Ordinary telephone lines transmit information in analog form. A MODEM converts out-going information to analog form and incoming information into digital form.

PC: Slang for personal-computer. The term "PC", "personal computer" and "microcomputer" are used interchangably.

Purge: The process of removing information from a computer's storage device (disk, tape, etc.).

Read only: A mode of access by which the computer is allowed only to retrieve existing information from one of its storage devices. New information can not be stored, nor can existing information in that storage device be purged.

Retrieve: The process of transferring existing information from a storage device into the computer's main memory.

Scanned: A scanner enters printed information into a computer. Scanned information can be manipulated by the computer. The scanner is a tool which uses a light beam as an "electronic eye" to scan printed information and transpose that information into the computer's language.

Screen: The portion of the hardware that displays information as it flows from the user to the computer and vica versa. Similar to a television screen, the computer screen is also identified as a cathode ray tube (CRT).

Software: The instructions that direct the computer to perform certain functions. Operating system software tells the computer how to manage itself. Application software performs a specific task for the user, such as word processing, accounting, spreadsheets, etc.

Terminal: A device used by humans to communicate with a computer.

Up-load: Same as down-loading, except the information is traveling the other direction.

Word processing: Application software that allows information that would ordinarily be typed to be entered into a computer. The information can easily be edited and changed to suit the user before it is printed. Many software packages offer elaborate features, such as spelling and grammar correction.



Computers In The Medical Workplace

continued...

methods, image and signal analyis, simulation and modeling to produce new data for interpretation by a clinician. In some cases, the new data may initiate an unattended action such as administering a specific drug dosage.

Reimbursement policies and technical advances have given ambulatory settings more opportunities for PC-based clinical testing. For example, Integrated Medical Systems' MultiMed™ offers PC-based software for 12-lead ECG, Exercise ECG, 24-hour Holter ECG, Pulmonary Function and 24-hour Ambulatory Blood Pressure. Technically, these personal computers could be used for other jobs such as word processing or accounting. Practically speaking, a computer used in clinical testing will be physically located in a patient care area rather than the business office or the front desk, making it less acceptable for non-clinical jobs.

TRACKING

Ther are many data elements which could be key to tracking a certain population of patients. The computer may count and identify patients, locate patients, display other data about this population of patients, merge other files or documents with patient data. Typical tracking programs can aid: pharmacy refills, annual recalls, drug to disease efficacy, utilization and frequency of services and diagnoses. Basic information such as gender, zip code, primary provider, insurance carrier may be of interest for marketing reasons. Other data such as date of service, principal procedure, principal diagnosis, blood pressure reading, medications taken, allergies, etc. play a key role in the delivery of care.

Tracking may be accomplished via integrated software such as HIS or MPMS, a report writer accessing various other software data files, or via stand-alone software such as a data base manager.

COMMUNICATIONS

With modems, a phone line and communication protocols, computers in the medical workplace are being used to view, retrieve, transfer and update information between computers; from another location within the workplace (business office to front desk), and between the workplace and an outside location (home or a satellite clinic or a hospital). A scheduler may need to know an account balance, a nurse may need to review date of last visit or the office manager may need to flag an account with a specific and timely message. In-house, electronic messaging may notify staff of a pending meeting or a new policy.

In additiion, computers are used to transmit services-rendered data to third-party-payors. Electronic claims may go directly from the business office's billing computer to the third-party-payor or it may go through a clearing house which prepares batches of claims to various third-party-payors. Software at the third-party-payor or at the billing computer scans the data for appropriateness. This review process notifies the business office of missing data which would cause rejection or non-payment.

The process of computers communicating rather than people pushing paper often forces accuracy with a related increase in rejected claims in the reimbursement cycle. The abesnce of standards, both technical and clinical, continues to consume many resources at the medical workplace, the third-party-payor, and the software groups writing interfaces.

DECISION-SUPPORT TOOLS

While policy and regulation about the use and non-use of medical decision-support software is debated daily, computer-based medical systems are and will continue to provide the healthcare professional with essential information. There are three basic groups in which this software falls: Reference, Patient-specific/Single occurrence, Patient-specific/Historical.

Reference Software: Much information available only through books and magazines has been placed on computers. The material is primarily in a "read-only" format. This data may be provided on a subscription basis which includes updates or through a one-time purchase. The information is indexed for easy access and usually includes several levels of information such as Clinical Reference Systems' Electronic Drug Reference. This software describes indications, dosage, administration, etc. for a specific drug. The software does not process any patient-specific data. It is a vehicle which allows a practitioner with questions easy access to drug information as current as the last software update.

Patient-specific/Single occurrence Software: A familiar example of this type of a decision-support tool is a computerized health risk appraisal. Based on data entered about a specific patient at a specific point in time, the

CMS Executive Director's Update



Harold F. Frye,
Executive Director,
Colorado Medical Society

CMS SPONSORS FORUM: "ETHICS AND ECONOMICS - WHERE IS MEDICINE GOING?"—Physicians today are facing major dilemmas in the areas of ethics and economics. Early in December CMS will be sponsoring a forum to provide physicians, legislators, insurers and the public an opportunity to discuss these very pressing issues. Watch in **Colorado Medicine** for further details as to date and place.

MEDICARE FISCAL INTERMEDIARY INCREASES PHYSICIAN OFFICE AUDITS—We have received many calls from physician members informing us of Blue Cross/ Blue Shield's, the Medicare fiscal intermediary, increased audit activities in physician offices. If you have been audited or are having an audit and need assistance or sense the audit is inappropriate, contact CMS immediately. Please watch for a special mailing concerning this issue.

HAVE YOUR READ YOUR MANAGED HEALTH CARE HANDBOOK?—CMS is pleased to have provided you with a free copy of the new handbook on evaluating contracts with HMOs, PPOs and other managed health care systems. Included in the handbook is some excellent information on antitrust law as it relates to managed health care systems. I hope that you have or will take time to carefully review this handbook and utilize it in the future as you consider managed health care contracts. If you have any questions or suggestions concerning the handbook, feel free to call CMS staff.

WESTERN SLOPE VISIT JUST COMPLETED—Dr. Farrington, Peter Morstad of COPIC, Ron Kreiger of COPIC Agency, and I just completed a successful visit of eight of our component societies on the Western Slope. We want to thank those societies for their kind hospitality. The visits were a success in that we received extensive information to help us in dealing with issues physicians are facing in Colorado today. We look forward to our visits with the doctors in southeast Colorado November 13-15.

Computers

continued from previous page...

software provides feedback based on selection of certain phrases or recommendations that have been predetermined to be appropriate for a patient with the presenting data. The data may be entered interactively by the patient and/or entered by clinical staff. Results may be reported immediately on completion or may follow after up-loading to a larger data base for analysis. Data on this patient for this occurrence is purged upon completion of this specific exercise.

Patient-specific/Historical Software: This type of software resembles a medical record and incorporates many more artificial intelligence programs. It is designed to continuously store historical data about the paitient. The number of individual data elements is great and the number of evaluations and comparisons between the various data requires greater hard disk storage and rapid processing. This type of software may actually "diagnose" the patient's disease or it may recommend other diseases to consider or further tests to rule out diseases.

The computer's diagnosis is based only on evaluation of known data; if a single piece of data has not been entered by you or your staff or if the software was not designed to interpret a particular data element, the "diagnosis" is not reliable. The courts may find liability for both the use and the non-use of decision support tools. This aspect of practicing medicine presents some uncharted waters.

SUMMARY & CONCLUSION

Whether your greatest need is to have a neatly typed letter or an accurately aged accounts receivable report, or it's critical that you create an electronic medical record for decision support, the computer in the medical workplace should:

1. **Save time for staff and patients.**
2. **Be convenient to use.**
3. **Respond quickly to the user.**
4. **Be flexible.**
5. **Free staff for intelligent work.**
6. **Minimize or eliminate redundancy.**
7. **Allow retrospective retrieval.**

If your computer and software produces the above results, you've chosen appropriate software and right equipment for your specific needs and your work place.

Mile High News

1989-1990 Vol. 3, Issue 2 | Colorado Medical Society Auxiliary | November, 1989

Sue Kading, Editor

A MESSAGE FROM THE PRESIDENT

Dear Auxilians,



Catherine Yoder

Recent action taken at the Colorado Medical Society Auxiliary House of Delegates commits us to the study of school health curricula in Colorado schools. The American Medical Association Auxiliary is also interested in school health curricula and a session at Confluence I was devoted to the study of "Comprehensive School Health Education" plans.

Comprehensive School Health Education plans are in effect in several areas of the United States. We learned of the New York and Indiana programs and feel the necessity to help formulate similar plans for Colorado.

Many auxilians and other parents have felt the need and expressed a desire for their children to know more about health and well-being. Comprehensive health classes, appropriately taught, from kindergarten through the twelfth grade in the school system would reach all children and young people. Armed with this valuable information of knowing the various parts of their own body, the function of various organs, and how many cannot be repaired if injured or abused, our children would be better able to say "no" to damaging drugs. They would know why they are saying "no" and be better able to understand the consequences of high risk behavior.

Learning to be responsible for their own body should also make adolescents more aware of the consequences of early sex and "teen pregnancy." Just as the parent must accept more responsibility with the school system in seeing that young persons understand where "early sex" may lead, so should young adults, both male and female, be taught that they must be responsible for their actions. Another human being may enter life because of promiscuous behavior.

AIDS is an ever possible threat. Society is overburdened with the care of these two problems that could be curbed with responsible behavior. It is up to us to help alleviate those burdens to society.

Thus, I encourage each of you to become involved. Work with other auxilians and community members while learning what your problems are. Know what is being taught and discuss what you think should be taught. Bring your ideas to the CMSA so we will have your views when meeting with CMS and other members of the coalition currently studying these issues. We may help formulate legislation that will make a Colorado Comprehensive Health Education Plan for our schools a reality.

"I encourage each of you to become involved"

I also encourage you to discuss these issues with your children. By doing so you will begin health education at home and will create an atmosphere for open communication within your family.

Let your young people know that present knowledge indicates that the comprehensive school health education program will bring appropriate messages of responsibility to children and young adults so that they too will help us fight drugs, AIDS, teen pregnancy and other adolescent health problems. Working together toward the alleviation of these severe problems will bring us closer to the realization of better health for our children and families, our community and the nation.

Catherine Yoder

REPORT OF THE HOUSE OF DELEGATES OF THE COLORADO MEDICAL SOCIETY AUXILIARY

The Executive Committee of the CMSA appreciates the participation and support of County Delegates at the Fall Meeting at the Vail Westin, September 14-16.

For those unable to attend we call attention to action taken by the House of Delegates, September 16.

RESOLUTION 1: Resolved, That the Colorado Medical Society Auxiliary encourage county members and auxiliaries to establish cohesive relationships with their component medical societies. ADOPTED

RESOLUTION 2: Resolved, That county auxiliary committee chairmen notify the county society of their willingness to serve on corresponding county medical society committees. ADOPTED as AMENDED.

RESOLUTION 3: Resolved, That the Health Projects Committee develop questions and guidelines to assist in making decisions for Nursing Home Placement; and be it further resolved, that when such guidelines have been established, the Colorado Medical Society Auxiliary communicate this information to our membership and our communities. ADOPTED

RESOLUTION 4: Resolved, That State Chairmen communicate with County Chairmen, by way of direct invitation and personal contact i.e., telephone call, follow-up, etc.: and be it further resolved, that County Presidents and Presidents-Elect encourage participation of their various chairmen at state meetings to strengthen linkage among county, state and national chairmen. ADOPTED

RESOLUTION 5: Resolved, That the Colorado Medical Society Auxiliary set up a state committee to investigate current standards of decency, and identify avenues that individuals and/or auxiliaries can use to upgrade the current standards. ADOPTED as AMENDED.

RESOLUTION 6: Resolved, That the Colorado Medical Society Auxiliary encourage and support legislation regarding school bus safety measures as a whole and particularly safety belts. ADOPTED

RESOLUTION 7: Resolved, That each auxilian continue to be aware of the environmental issues, particularly concerns specific to state and local areas, and help to educate the membership and the community about environmental problems; and be it further resolved, that county auxiliaries support legislation and other programs that help alleviate the impact of environmental pollution on public health. ADOPTED

RESOLUTION 8: Resolved, That the Colorado Medical Society Auxiliary study health curricula of other states and gather information for our membership with the idea of directing future legislation or other action. (This resolution was referred to committee for further study. Later a motion from the floor was passed.)

MOTION: That the President appoint a committee, of no more than five, to study the subject of health education curriculum in Colorado Public Schools; said committee to include the Health Projects Chairman, interested county members and a representative from the Hall of Life, ex-officio. MOTION PASSED.

RESOLUTION 9: Resolved, That the Bylaws Committee suggests the deletion in Article III, Section I: (Hereinafter in these bylaws the feminine reference shall signify a person of either sex): and be it further resolved, that the bylaws committee make editorial changes to delete gender references from the bylaws. ADOPTED

RESOLUTION 10: Resolved,That the AMA Auxiliary encourage its state and county auxiliaries to take a leading role in increasing the public's awareness of the need for volunteer morrow donors; and be it further resolved, that the AMA Auxiliary encourage its state and county auxiliaries to work with community organizations, blood donor programs, and corporate sponsors to promote and facilitate the recruitment of volunteer marrow donors; and be it resolved, that these programs be undertaken with the approval of and in cooperation with the corresponding state and county medical societies/associations.

(This resolution on "**Recruitment of Volunteer Marrow Donors**" was passed at the CMSA Spring Annual Meeting and submitted to the American Medical Association Auxiliary. Oregon also submitted a resolution on Volunteer Marrow Donors so this merged resolution was presented and ADOPTED by the AMAA House of Delegates.)

CMSA Executive Committee



Susie Gunstream and Catherine Yoder field questions at AMAA Confluence in Chicago about ***Larimer County's marrow donor program, Lifesavers.***

Delegates to the 1989 Annual Session of the AMA Aux. House of Delegates met last June in Chicago. During that time various resolutions were presented. Colorado and Oregon jointly sponsored a resolution promoting the recruitment of volunteer marrow donors. Many states voiced their support for this resolution and it passed unanimously. Fifty packets of information were passed out. Many delegates were interested in supporting the marrow program through recruitment of donors and in setting up more donor centers.

Susie Gunstream and Carole Kaiser of Larimer County brought the program called Lifesavers to Fort Collins in response to the illness of a friend.

AMA-ERF

Donna Whittington-Singer, Chairman

HOLIDAY SHARING CARDS ARE EXTREMELY IMPORTANT THIS YEAR!!!!As the frost settles in the pumpkin fields, AMA-ERF chairmen enter into the busiest part of our fund raising season. Seventy-eight per cent of the $17,762.52 contributed from Colorado's auxiliaries in 1988-1989 came from this project. Please refer to pages 28-36 of the National AMA-ERF handbook for suggestions and quickly approaching deadlines. Also remember this is "Publicity Blitz" year. Use every opportunity possible to make community and auxiliary members aware of our purpose, activities and goals.

CONGRATULATIONS TO THE FOLLOWING AMA-ERF AWARD RECIPIENTS:

Alice Smith Awards- given every year since 1968 by Mrs. Frances Boyer of Pueblo, as a living memorial to Alice Smith who died while in service to the Boyer family. This year's awards were based on the largest contribution increase over the previous year. Funds received are to be used to start this year's AMA-ERF fund.

1st place - **Larimer County** - 254%. This award consisted of a large silver bowl, $150 from Mrs. Boyer, and a certificate from the national office.
2nd place - **Otero County** - 100% and $275 given. They received $100 from Mrs. Boyer, and a certificate from the national office.
3rd place - **Montrose** - 100% and $109 given. This award consisted of $50 from Mrs. Boyer, and a certificate from the national office.

CMSA Award - Pueblo - For the largest total donation given to AMA-ERF, $2,890.27. They received a small engraved silver bowl and a certificate from the national office.

CMSA Award - Longmont - This award was given for the largest donation on a per member basis ($55) and consists of a small silver bowl, and a certificate from national.

Thank you Mrs. Boyer for your altruism, and thank you award winners for the planning and effort required for your success.

FALL COUNTRY STORE REPORT. We made direction toward our $21,320 goal through our annual "Fall Country Store" held at the Vail Westin which netted $568.61. The support of donations and purchases by: Pueblo, Arapahoe,, Denver, Montrose, El Paso, Weld, Fremont, Mesa, Clear Creek, Larimer, and Longmont auxiliaries was most appreciated.

Chairmen, please read your newsletters. Our "Tote Bag" project is saturated. I am in need of your creative ideas, suggestions, and support in determining a new statewide project.

CONFLUENCE REPORT

Twelve Colorado participants enjoyed Confluence I in Chicago Sept 24-26.The Drake Hotel on Lake Michigan provided a warm setting for auxilians from across the nation to share information from health education to leadership styles.Participants selected sessions offered on effective programming for quality meetings, building membership, team efforts between medical societies and auxiliaries, impairment, leadership development, newsletters, parliamentary procedure, and speaking skills. Also offered were sessions on parenting, HIV/AIDS Education for Youth, adolescent health and comprehensive school health education. In addition to gathering valuable information usable in the local auxiliaries, participants from across the state became better acquainted, an aid for future cooperation between auxiliaries.



ATTENDING CONFLUENCE I IN CHICAGO: Jane Nevrivy, Larimer, Patti Benson, Longmont; Sue Kading, Weld; Sharon Cunningham, El Paso; Catherine Yoder, Weld; Doris Ballinger, Denver; Susie Gunstream, Larimer; Stella Shanks, Mesa. Attendees not pictured: JoAnn Shroyer, Pueblo; Sandy Brightwell, El Paso; Gloria Genskow, Northeast; and Mary Hanson, El Paso

Reminder:
HALL OF LIFE BENEFIT

Plan to attend the November 10th Grand Opening benefit of the Hall of Life Health Education Center at the Denver Museum of Natural History, featuring an opportunity to enjoy cocktails, and hors d'oeuvres while viewing the all-new exhibits, a seated dinner in the Atrium and special guests. Reservations may be made for $200 per couple.

The Colorado Medical Society Auxiliary asks you to help in our effort to raise money for the Hall of Life Health Education Center by making a contribution. Make your check payable to CMS Auxiliary and send to CMSA, P.O. Box 17550, Denver Colorado 80217-0550. Questions? Call Mary Jane Newens at the Colorado Medical Society at 779-5455.

CALENDAR

Nov. 8 Northern Regional Meeting Call Carol Bussey 330-8483	Greeley Country Club	9:30 a.m.
Nov. 10 Hall of Life Grand Opening Benefit	Denver Museum of Natural History	6:30 p.m.
Nov. 16 Southern Regional Meeting Call Karen Smith 561-4343	La Renaissance, Pueblo	9:30 a.m.
Dec. 10 Mile High News Deadline		
Jan., 1990 Board Meeting (TBA)		
Feb.8 Legislative day	Denver Botanical Gardens	9:00 a.m.
Feb. 4-6 Confluence II	Chicago	

COUNTY NEWS



State Representative ***Gil Romero*** *spoke to the* ***Pueblo County Medical Auxiliary*** *in October on health care and abortion issues, indicating that it is most important to let representatives know how the medical community feels about pending legislation.*

INVITATION FOR NEW YEAR'S EVE

El Paso County Medical Society Auxiliary would like to invite you to their 4th New Year's Eve Gala Benefit for the Ronald McDonald House of Southern Colorado and the Lillian B. Morrison Scholarship fund.

This black-tie event will be in the main dining room of the Broadmoor Hotel. There will be a 7 p.m. cocktail hour, followed by a delicious prime rib dinner...and, best of all, "Flash Cadillac" will provide swinging 50's and 60's music. Cost will be $175 per couple, 50% tax deductible.

The Broadmoor Hotel is offering a $99 holiday rate for out of town guests and will reserve 15 rooms through Dec. 18; reservations after that date will depend on availability Why not round up some friends (tables of 10) and come be our guest? Watch for more details, including reservation information in the December issue of Colorado Medicine.

HALL OF LIFE HEALTH EDUCATION CENTER

In October, 28 fifth grade classes in Fort Collins had the opportunity to participate in the Hall of Life program on the human brain called "Mastermind". Hall of Life is a health education series through the Denver Museum of Natural History. Approximately 800 students examined actual cross-sections of the human brain, learned about how the nervous system works, performed various sensory and perceptual experiments, and discovered the effects of drugs and alcohol on the brain. Student and teacher responses were excellent.

This project was sponsored by the **Larimer County Medical Society Auxiliary (LCMSA)** in cooperation with the Hall of Life Health Education Center, and 12 participating Poudre R-1 Schools. Special thanks to Sara Tutt and Bev Shachtman for their time and coordination of the program. Because of the favorable response, LCMSA hopes to offer different Hall of Life classes each year to the school district. For additional information on the Hall of Life program series call 1-333-LIFE.



Clear Creek Installation*—Sharon Cunningham, Catherine Yoder, Diane Duffy-Glaismann, and Cheri Kinzler*

Clear Creek Valley Medical Auxiliary held their fall membership luncheon at Chéz Thoa in Cherry Creek. A Holiday Boutique was held in October; proceeds to go to auxiliary philanthropies and scholarships.

AIM HIGH



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AIR FORCE

PRO THIRD SCOPE OF WORK: Two Major Changes

from ***Sharon Ponder****, Director*
Division of Physician Education
and Special Programs

Effective April 1, 1989, all of the nation's 54 PROs were to have implemented the new provisions in the Health Care Financing Administration's Third PRO Scope of Work. With the implementation of the Third Scope of Work, physicians are now facing the most extensive review ever of the services they provide Medicare patients. Much of this review has been mandated by HCFA so that utilization and quality review can be more standardized among PROs across the nation.

There are some significant changes in this reviewing phase compared to previous phases. The two major changes include:

1. Implementation of a quality intervention plan (QIP), which holds serious consequences for physicians found to display a pattern of quality-related problems in patient care;
2. An increase in preadmission/preprocedure review that is now required for 10 selected elective procedures.

Quality Intervention Plan

The Quality Intervention Plan (QIP) is a new provision which has caused particular concern to physicians. Moreover, it has become evident that not all PROs have done a successful job of communicating the essence of the QIP to physicians.

The QIP is a prescribed plan by which each PRO is required to perform a quality review and implement interventions when quality concern is identified. Under the QIP, once a quality concern is identified and confirmed, it will be assigned a weight by a PRO physician based upon the degree of harm or potential for harm to the patient, i.e., according to the three level severity index. Each severity level has an assigned weight: a weight of 25 for a level III problem, a weight of 5 for a level II problem, and a weight of 1 for a level I problem.

The three levels are defined as follows:

Level I: Medical mismanagement without the potential for significant adverse effect on the patient. Weight 1

Level II: Medical mismanagement with the potential for significant adverse effect on the patient. Weight 5

Level III: Medical mismanagement with resulting significant adverse effect on the patient. Weight 25

HCFA defines "significant adverse effect" as: 1) unnecessarily prolonged treatment, complications or readmission; or 2) patient management which results in anatomical or physiological impairment, disability or death. The differentiation between a Level II and Level III value is based on outcome. In Level II, while there is a potential for harm, no adverse effects ensue; in Level III, there is an adverse effect.

Each quarter, the CFMC will profile the total weights accumulated for reviews completed in that quarter for each physician or hospital. The total weight will determine the type of corrective action to be implemented.

When the quarterly profile shows that a particular physician or hospital has a total weighted score of 3 or more, CFMC must initiate corrective action. The type of corrective action to be implemented depends on the assigned weight and trigger level. The six types of interventions and trigger levels are: notification (3); educational efforts (10); intensified review (15); other interventions (20); consideration of coordination with licensing and certification bodies (25); and consideration of sanction proceedings (25).

Each PRO is required to use the HCFA QIP and implement the intervention based upon the above triggers as well as all interventions for lesser trigger levels (e.g., a score of 19 would require notification, educational efforts, and intensified review.)

PRO quality problem profiling will be performed each quarter to determine whether the weighted scores of three or more per quarter, or five per six-month bi-quarter, are reached. This method of review is termed a "rolling" quarter system (i.e., one quarter is removed and a successive quarter is added on). For example, in July, the PRO will profile the April-June quarter, and the January-June bi-quarter; in October, the contractor will profile the July-September quarter and the April-September bi-quarter.

Monitoring the effectiveness of an intervention will occur through intensified review on admissions and discharges which occur after the intervention is initiated. CFMC's Statewide Quality Assurance Committee will consider and implement the last two interventions (coordination with licensing bodies and sanction proceedings) only if the physician shows an unwillingness or inability to comply with an obligation or with the corrective actions initiated by the PRO.

The AMA has questioned HCFA's decision to limit the severity levels to just three categories and to the potential for inflexibility of the point

system, and its potential for being perceived as a more arbitrary mechanism. While present indications are that HCFA intends to move forward with these provisions as written, they have made it clear that, by contract, the PRO is prohibited from automatically implementing the most severe interventions (i.e., coordination with licensing and certification bodies, and consideration of sanction); rather, the PRO must exercise flexibility in determining what intervention is appropriate to the particular case.

Preadmission/Preprocedure Review

HCFA now requires preadmission/preprocedure review on 10 elective procedures regardless of the setting, inpatient or outpatient (excluding physician's offices). The procedures selected for review are:

Cataracts; carotid endarterectomy; major joint replacement; coronary artery bypass with graft; percutaneous transluminal coronary angioplasty; laminectomy; complex peripheral revascularization; hysterectomy; bunionectomy; and pacemaker insertion.

Review will generally occur on a preadmission and/or preprocedure basis. If a hospital admission is anticipated and the need for the procedure is known, preadmission review should be requested. If, however, the patient is already in the hospital before the need for the procedure is known, the physician should request preprocedure review. All outpatient procedures should receive preprocedure review.

If a hospital admission is anticipated and the need for the procedure is known, the physician should request preadmission review. If the patient is already in the hospital before the need for the procedure is known the physician should request preprocedure review. All outpatient procedures should receive preprocedure review.

A retrospective review on sample cases of each physician who receives preadmission/preprocedure authorizations will also be conducted by the PRO on a quarterly basis. The sample represents 5% or three cases, whichever is greater. This review is intended to validate the medical necessity and appropriateness of the admission or procedure and to examine the quality of care provided.

Copies of criteria and the correct forms to be used in filing for preadmission/preprocedure review have been sent to all hospitals, ambulatory surgical centers and physicians in selected specialties. Physicians should examine the criteria appropriate for the procedures they perform.

NOTE:

Next month we will expand on this topic with more practical information on how these changes will affect your practice. In addition to information on these new regulations, we will provide suggestions for procedures and policies which will help you and your office staff work more effectively with the PRO. Watch **Colorado Medicine** in December for ***How Physicians Can Avoid Problems with the PRO*** provided by the Division of Professional Education and Special Programs of your Colorado Medical Society.

COMING NEXT MONTH:

- √ Medical Ethics—How do they affect your practice?
- √ Managed Health Care: What's the Impact on Specialty Practice?
- √ Regulatory Review
- √ Infectious Waste Disposal—How to comply with the new laws
- √ "Basic Benefits Package"—Will the Legislature Act?

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   Shopping an illusive market.
4. **Professional Money Management**
   Selection, Implementation, and Performance Monitoring Made Easy.

1:00 - 5:30 p.m., Wednesday, November 15, 1989
Glenmoor Country Club, 110 Glenmoor Drive, Englewood
Bellview Ave. at Steele (near University)

Speakers: Arnold P. Guttenberg, J.D., Attorney
Brian J. Nowfel, The Prudential
G. Bruce Hemmings, Vice President, Branch Manager
Kay W. Copley, EdD., Vice President-Investments

Space is limited. For reservations call: Laura Pringle at 1-800-321-1520 or 351-8700.

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"Strength and reliability are proven through time . . .

* Highlights from a presentation to the General Membership of the Colorado Medical Society at the 1989 Annual Meeting. Larry W. Thrower/President C.O.O. COPIC

. . . Copic has time on its side."

The history of Copic speaks for itself*

1973

A CMS–sponsored program was created with Hartford to pool premiums, maximize buying power and establish a premium credit plan.

Received 2 dividends before concern began to develop over Hartford's method of determining claim reserves, expenses and commissions to broker.

1981

The Hartford/CMS Professional Liability Trust was established to gain more control of physicians' destiny, but it soon became clear that a stronger position with the Hartford was necessary.

On May 7, the President of CMS, K. Mason Howard, sent a tape to CMS members urging you to form your own insurance company.

1982

COPIC Trust, a not-for-profit, single-state, doctor-controlled company, was formed with a loan of $400,000 from CMS. The competition with the for-profit, multi-state companies was fierce.

1984

Preferred Risk Premium Plan was installed, awarding credits to those physicians who qualified by length of membership and good claims experience.

COPIC received its charter as a multi-line insurance company from the State Insurance Commissioner.

1985

Policies were renewed in COPIC Insurance Company.

1986

Two insurance carriers withdrew from Colorado, and a third declared a moratorium. COPIC submitted a plan to the Insurance Commissioner to solve the crisis and received approval.

COPIC developed a legislative strategy to support tort reform and contributed extraordinary effort, time, and energy to a successful conclusion.

1989–1990

Magically, other insurance companies took credit for the improved insurance climate in Colorado, considered re-entry into the market, began to cut deals with components, removed moratoriums, and cut rates.

COPIC TODAY

We are the only company with a solid foundation in Colorado experience, with data that go back to 1973. COPIC is recognized by the PIAA as one of the most outstanding, well-run companies in the U.S.

COPIC has demonstrated its financial stability:

- $100,000,000 asset base

Comparative ratios:

- Net premium to surplus–industry standards= 3:1/COPIC= 2.79:1
- Unpaid loss to surplus– industry standards= 4:1/COPIC= 3.59:1
- Expense ratio – COPIC is 1/2 or better than others
- Salaries to premium – 74 points and 265 points less than others

This stability supports a filing with the Insurance Commissioner with no rate increase for any specialties and a reduction for 24 specialties (If your policy is not mature, the step-rate progression to maturity will apply).

This means that COPIC can offer you:

- Extra $1,000,000 aggregate coverage at no additional cost.
- Tail cost at one times premium, rather than two times
- No charge for locum tenens
- Suspension of coverage for temporary disability
- $2.5 million dividend under criteria set by the COPIC board
- Sponsor arbitration training program with AAA
- Specialty–oriented Risk Management on a "face-to-face" basis
- Board, management and staff readily available for discussions
- Continuous, direct involvement with legislators, regulators, and the Governor's office
- Claim Department and defense firms that provide direct consultation, sensitive to your needs, and realistic evaluation of cases

THE FUTURE

COPIC will not get into a rate war. Our mission is to charge on a fiscally sound basis, and we know what to charge because we have the data. If claims are less than anticipated, we'll declare a dividend, as we just have.

K. Mason Howard, Chairman and CEO of COPIC, and other officers answer to a Board of Directors of your peers and supervise a staff of dedicated, experienced malpractice insurance professionals. COPIC will always be here working for you.



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MANDATORY 2ND OPINION REVIEW

Effective November 1, 1989, physicians will be required to call the Colorado Foundation for Medical Care at 695-3369 when certain procedures are planned for a MEDICAID beneficiary. The review will apply to all INPATIENT and OUTPATIENT settings except those procedures performed in the physician's office. Procedures which require the review include:

Arthroscopy
Arthrotomy
Breast Surgery (except biopsy)
Carpal Tunnel Release
Cataract Extraction
Cervical Discectomy/Laminectomy
Chemonucleolysis
Cholecystectomy
Coronary Angiography
Coronary Angioplasty
Coronary Artery Bypass Graft
Foot Surgery

Gastroplasty

Hysterectomy
Inguinal Herniorrhaphy
Joint Replacement: Hip,Knee or Ankle
Knee Surgery
Lumbar Discectomy/Laminectomy
Myelogram
Nasal Surgery
Oophorectomy
Pacemaker
Prostatectomy/TURP
Spinal Fusion
Spinal Nerve Root Decompression
Surgical Intervention for Thoracic Outlet Syndrome
Tonsillectomy and/or Adenoidectomy

The review should be initiated 10 days prior to elective procedures but will be conducted up to 48 hours prior to procedure if necessary. The physician or office staff should be prepared to give the CFMC review nurse the following information:

- patient name, address and Medicaid number

- physician/surgeon (including license number)

- facility where procedure will be performed

- date planned for procedure

- specific procedure (including ICD-9-CM code or CPT code)

- specific indications for procedure.

For additional information, please contact the Medicaid Provider Unit at Blue Cross/Blue Shield of Colorado, (303)831-0504 or 1-800-443-5747.

Doctor's Social Security

In case you didn't see it, the September issue of **Colorado Medicine** carried a form from the Social Security Administration by which you can determine your Social Security status. The opportunity to get this up-to-date payment information was obviously well received: the number of physicians who have already returned those forms has been gratifying, since Colorado Medical Society felt it important that physicians, too, should be aware of their resources upon retirement or at any unsuspected juncture in their professions.

"Facts About Your Social Security" will provide you with your benefits based on your reported 1988 and 1989 earnings as well as future estimated earnings up to the age you tell the Social Security Administration (on the form) you plan to retire. We urge you to, if you haven't already done so, go back to the September issue of **Colorado Medicine**, and retrieve the form (in the center of the magazine following page 278). Complete the form, **then sign it and date it and provide your daytime telephone number.** The Social Security Administration will return the form to you if it is not properly signed and dated.

Remember, you needn't reveal any details of your income other than to show earnings subject to Social Security tax.

This is an excellent way for you to determine your present and estimated future personal and family benefits under the Social Security and the Medicare Programs. Mr. Dick Martley, CLU, ChFC of the COPIC Insurance Agency has been designated to help distribute

these figures and to explain the report to you, if you wish. He can also provide you with information on how to fill in those gaps in your retirement income and benefits. This all costs you only a twenty-five cent stamp and a few minutes time. It is meant to benefit no one but you, so please take advantage of the opportunity to help plan for your future.

ACCESS TO PATIENT RECORDS

The Colorado Medical Society receives many inquiries regarding access to Patient Records. Colorado law (C.R.S. 25-1-802) makes clear that records shall be available to the patient or authorized representative upon submission of a written request or authorization. The Department of Health has published a regulation which states the patient or representative shall pay a reasonable cost for a copy of the record, not to exceed $10.00 for the first ten or fewer pages and $.25 per page for every additional page. Additional information on this subject is available upon request at the Society's offices.

PRESCRIPTION DRUG MARKETING ACT

For your information, Public Law 100-190 was enacted on April 22, 1988 and cited as Prescription Drug Marketing Act of 1987. Section 331(t) prohibits the sale, purchase or trade of drug samples. Section 333(a) & (b) provides for penalties of a fine or imprisonment or both for the engaging in the sale, purchase or trade of a drug sample.

TEST YOURSELF

Q

Do 20 percent of all adults change address annually?

A

YES And a good reason to keep your customer credit information up-to-date. Two out of three people will move in the next five years or one in five will move every year.

TEST YOURSELF is one of a series provided by I.C. System, the company offering the collection program approved for use by our membership.

I.C. SYSTEM, INC.

Prompt Payment Needs Your Attention, Doctor!

Under Colorado Senate Bill 128 (Auto Reparations Act), physicians are reminded that in order for them to receive prompt payment for services they must bill for those services within 30 days of the initial treatment. The automobile insurance carriers made a point of reminding healthcare professionals that if they are to receive payment for services within 60 days, then these companies need to know of billing in as short a period as possible after the services are rendered to their insureds.

Colorado's Insurance Commissioner John Kezer noted regarding the legislation that many providers were allowing such billing to accumulate, thereby making it virtually impossible for the carriers to satisfy the law's prompt payment demand.

SB 128 reads:

> **10-4-708.5** ***Timely notification of insurer.*** *When an insured entitled to benefits under a complying policy is injured or believes he has been injured in an accident and is examined or treated by a physician or health care practitioner, such physician or health care practitioner shall notify the insurer within thirty calendar days after the insured's initial visit.*

Proceedings of the House of Delegates

The Colorado Medical Society House of Delegates met at the Westin Hotel in Vail September 14-17, 1989, and took the following actions:

REFERENCE COMMITTEE ON BOARD OF DIRECTORS AND EXECUTIVE OFFICE

Adopted a resolution electing Carol Tempest as an Honorary Member of CMS.

Adopted a resolution superseding MOB-173-P, June 16, 1989, that reaffirms CMS's previously held policies on Rocky Flats and recommends that the Committee on Environment reformulate a CMS policy on Rocky Flats, taking into account the efforts of the Governor's Task Force to monitor Rocky Flats. The Committee on Environment is asked to submit the policy to the House at the Interim Meeting for consideration.

Adopted a resolution superseding MOB-A-101, August 4, 1989, asking that the Council on Community Health Issues develop a policy on licensing of allied health personnel and submit it to the House of Delegates at the Interim Meeting.

Accepted for filing:
Progress Report - Board of Directors and Attachments 1-6
Progress Report - Executive Director and Attachment 1
Progress Report - AMA Delegation
Progress Report - Judicial Council
Progress Report - Young Physicians Section with Addendum 1

REFERENCE COMMITTEE ON LEGISLATION/PROFESSIONAL EDUCATION

Adopted a resolution establishing a joint effort between the University of Colorado Health Sciences Center (UCHSC) faculty physicians and the Colorado Medical Society to pursue legislation to extend the same medical liability coverage to private physicians, who care for medically indigent patients, as that accorded to UCHSC faculty physicians, and further, that an organized effort be made to improve communications and stimulate participation of the UCHSC faculty physicians in CMS.

Referred a resolution to discontinue direct sponsorship of scientific programs at the Annual and Interim Meetings to the Council on Professional Education with the following comments: We request that the Council pursue the development of appropriate scientific programs for the Colorado Medical Society Annual Meeting; allow adequate scheduling and protected time for such programs; and involve representatives from specialty and sub-specialty societies in the planning of such programs. The Reference Committee believes that there is considerable merit in continuing scientific programs at the Colorado Medical Society Annual Meeting.

Adopted a resolution for CMS to pursue all administrative and legislative remedies to 1) establish a retired category of medical licensure, requiring only a small fee to cover administrative expense of this licensure and 2) exempt retired physicians and physicians who do not engage in the actual clinical practice of medicine, e.g., the clinical treatment or evaluation of patients, from requirements to carry professional liability insurance as a condition of continued licensure. The Physician/Patient Advocacy Council will review the issue of licensure and medical liability of limited practice physicians.

Adopted a resolution for CMS to support legislation to ban the sale and personal use of fireworks.

Adopted a resolution that CMS strongly recommend that the Colorado Board of Medical Examiners issue a statement that: Patient post operative medical management is the responsibility of the operating surgeon, and must be provided by the operating surgeon, or with the patient's knowledge be delegated to another licensed physician.

Referred to the Board of Directors with the following comment a resolution that

CMS recommends that provisions be made in our state to enable marginal drivers who have lower than standard vision to continue driving in specified areas: Your Reference Committee requests that CMS Board seek assistance from the Colorado Ophthalmological Society for study with the request that their recommendations be reported to the Council on Legislation.

Accepted for filing:
Progress Report - Council on Legislation
Progress Report - COMPAC
Progress Report - Council on Professional Education
Progress Report - Peer Review Oversight Committee (PROC)

REFERENCE COMMITTEE ON COMMUNITY HEALTH ISSUES/MEDICAL SERVICE

Adopted the following resolution that supersedes RES-23-P of IM '89:

RESOLVED, that CMS supports early health education and the distribution of safe, more effective methods of family planning for males and females as primary methods of birth control, and be it further

RESOLVED, that the termination of pregnancy by a licensed physician in an approved medical setting is a safe medical procedure surrounded by moral and ethical implications, and be it further

RESOLVED, that neither the State nor the Federal government should interfere with the physician/patient relationship and the ability of physicians to counsel their patients on all options for the management of unwanted pregnancy unless there is compelling state interest in which case the regulations must be limited to those reasonably related to those interests, and be it further

RESOLVED, that the Colorado Medical Society encourage the development of comprehensive programs including more contraceptive research, mandatory health education for school children, sex education and family life programs for school children, and more thorough counseling of persons with unintended pregnancies regarding the pros and cons of all options available as well as prevention of future unintended pregnancies.

Adopted the following policy on the Ethics of Euthanasia:

I Euthanasia means a good death. Only the competent patient or the authentic proxy of the incompetent patient may decide what for each patient constitutes a good death.

II Passive euthanasia means that medical interventions are withheld or withdrawn, allowing a disease process to continue its natural course leading to death. Competent patients have a moral right to seek a good death by refusing treatment if that is their wish. Furthermore, physicians have a moral obligation to honor the wishes of their competent patients or the authentic proxy of their incompetent patients, with respect to withholding and withdrawing undesired medical interventions.

III Active euthanasia means that an intervention by someone other than the patient is intended directly and immediately to bring about the death of a suffering patient at the patient's request. However, providing treatment or medication with the intention of easing the pain of a dying patient is acceptable treatment and not active euthanasia, even though such treatment or medication may foreseeably hasten the moment of death.

IV Suicide means that one intentionally terminated one's life. Refusing a treatment which may delay the moment of death is not suicide. However, intentionally taking a lethal dose of medication even when fatally ill would be suicide. A physician who intentionally provides a lethal dose of medication for the purpose of aiding a patient to commit suicide is assisting suicide. This differs from providing an adequate dose of medication for the purpose of pain relief, even though it may foreseeably hasten death.

V Physicians share with all society a duty to obey the law which currently prohibits both active euthanasia and assisting suicide. Because controversy surrounds these issues, physicians ought to continue to evaluate their responsibility to society regarding these practices.

Adopted a resolution for CMS to take an active role in urging physicians and coroners in Colorado to report information on tobacco use as a contributing factor to death when completing death certificates and further, that CMS urge the medical schools and residency programs to include information about the accurate completion of death certificates in their training programs.

Adopted a resolution for CMS to advocate family oriented legislation which supports available, affordable, safe, and quality day care and further, that the cost of such care be borne in such a way as to be fiscally neutral in its effect on families choosing institutional day care.

Adopted a resolution for CMS to endorse educational activities at the elementary school through high school level on drug abuse in athletes, and further, that CMS support drug testing for anabolic steroids of middle school and high school athletes in competitive sports, and further, that CMS support appropriate legislation for provisions to increase penalties for illicit prescription of, or provision of, anabolic steroids.

Adopted a resolution stating that the state of Colorado is morally obligated to assure adequate financial support for the provision of essential health care to the medically indigent population throughout the state, and that the current level of financial support for health services to the medically indigent is inadequate to cover care for such patients in all of Colorado's communities, and further, that the Colorado Medical Society request that adequate funds be appropriated by the legislature for essential health care services by the state's medically indigent program. These funds should be equitably distributed among all institutions caring for medically indigent patients. This distribution of monies should be based on an identical percentage of the actual billing incurred by each institution in caring for these medically indigent patients. This would mean that each qualified institution gets X% of its medically indigent expenses paid for each year by these monies with "X" being identical for each qualified institution. Fundamental safeguards to ensure against corruption should be undertaken by the state of Colorado Executive Branch to ensure maximal benefit from these funds.

Adopted a resolution for CMS to actively support and lobby for the proposed 1990 cigarette tax ballot initiative which would raise an estimated $70 to $80 million, 76% of which shall be for medically indigent health care and 24% for prevention, education, and research.

Accepted for filing: Progress Report - Council on Community Health Issues
Progress Report - Council on Medical Service

REFERENCE COMMITTEE ON PHYSICIAN/PATIENT ADVOCACY

Adopted a resolution stating that the Colorado Medical Society demand that HCFA report the impact of its own regulations on the increase in health care costs; and further that the Colorado Medical Society demand that the Department of Health and Human Services (HHS) and HCFA, when determining increases in health care costs, equitably assess all contributing cost factors including regulatory administrative costs for agencies and providers; and further that the Colorado Medical Society demand that the Department of Health and Human Services and HCFA more clearly define and report a breakdown of health care costs by all specific provider types, location of service and category of service, and that this report guide HHS and HCFA when making cost containment decisions; and further that the Colorado Medical Society work with the Colorado Congressional delegation to implement this resolution.

Adopted a resolution that CMS endorse the utilization of qualified geriatric care managers for the coordination of screening and assessment of long term care applicants, and for the subsequent development, implementation, monitoring and reassessment of a plan of care; and further, that CMS seek the implementation of enabling legislation to assure the qualification of care managers, to include licensure by an appropriate regulatory agency.

Adopted a resolution that CMS continue to support the AMA in taking the necessary steps to remedy the fact that Medicare has established a fee schedule for first-year medical providers that: 1) is unfairly less than that paid to the other providers, 2) is unnecessarily complicated for physicians to administer, 3) reduces the enrollment in medical schools and 4) inhibits the provision of physicians in underserved areas.

Referred to the Council on Physician/Patient Advocacy and the Medicare Advisory Committee a resolution on Covering Physicians.

Adopted a resolution establishing the following policy on Expenditure Targets: The Colorado Medical Society opposes the use of expenditure targets to control the volume of services rendered to Medicare beneficiaries. Rather, a more appropriate action would be to fund research on the effectiveness of medical interventions to determine the effect on their outcomes.

Adopted a resolution that CMS seek introduction of legislation in the next session of the Colorado legislature to require state certification of all private, non-government utilization review agents. Such certification should be dependent upon disclosure and specification of 1) guidelines and standards used by reviewers, 2) procedure of review, 3) methods of appeal of review decisions, 4) qualifications of review personnel, 5) methods of ensuring access to confidentiality of patient and physician-specific information, 7) Colorado licensure of all physician reviewers and directors, and 8) copies of all standard notifications sent to patients, physicians, hospitals, and other agencies.

Accepted for filing: Progress Report - Council on Physician/Patient Advocacy

REFERENCE COMMITTEE ON CONSTITUTION, BYLAWS AND CREDENTIALS

Adopted a resolution amending the Bylaws to delete references to Medical Student Component Society and Housestaff Medical Society.

Adopted a resolution to amend the Bylaws so that, under certain circumstance, at the discretion of the President, members of Councils whose terms have expired may be retained for only one additional year as a voting member of the Council.

Referred to the Organizational Study Committee for construction of appropriate language an amendment to the Bylaws regarding membership classifications. This will be submitted to the Interim Meeting for consideration along with its fiscal impact.

Adopted a resolution to amend the Bylaws to add the following class of Direct Membership: Any physician may be a direct member of Colorado Medical Society without also belonging to a component society if the component society has become inactive.

Adopted a resolution to clarify the definition of out-of-state members by adding the following: Out-of-state members need not be licensed in Colorado, practice in Colorado, be residents of Colorado, nor be assessed any dues.

Adopted a resolution amending eligibility requirements for members of the Judicial Council and Grievance Committee as follows: Any member of the Colorado Medical Society who has had stipulations or restrictions placed on his/her license by the Board of Medical Examiners may not serve on the Judicial Council or Grievance Committee during the time of said stipulations or restrictions.

Adopted a resolution amending the Bylaws so that members who have not paid annual dues by February 28 (or if electing two payments, one-half by February 28 and one-half by June 30) will be dropped from membership.

Adopted a resolution amending the Bylaws so that the words "dues exempt" replace the words "Emeritus-Annual."

Accepted for filing: Progress Report - Organizational Study Committee

Highlights of the meeting of the Colorado Medical Society Board of Directors, held at the CMS offices October 6, 1989.

MSC approval to send one free copy of the ***Physician Guide to Contract Analysis*** to CMS members in the following membership classes: Active Members, Junior 1, Junior 2, and Residents.

MSC approval to implement actions of the Executive Committee to begin plans for a forum on ethics and rationing of health care ("Ethics and Economics - Where is Medicine Going?") prior to January 1, 1990.

MSC approval to co-support the Colo. Dep't. of Health proposal, "The Futurte of Public Health in Colorado", with up to $5,000 either in cash or in in-kind services with money to be taken from the Perkins Trust Fund and with appropriate recognition by the Department of Health of CMS as a primary sponsor.

MSC approval to support the Make-a-Wish Foundation/Ronald McDonald House through a ski race between physicians and attorneys.

Council Reports:
Council on Professional Education: Dr. Yoder briefed the Board on Council's request concerning joint sponsorship.
MSC approval to withdraw CMS involvement in joint sponsorship activities.



CMS President John F. Farrington, M.D., (l) is presented the CSIM "Physician of the Year" award by CSIM President, Robert McCartney, M.D., at the CMS/CSIM Annual Meeting.



John O. Cletcher, M.D., caught "speechless" when awarded the 1989 CMS "Certificate of Service"

Views of the 1989 House of Delegates Annual Meeting



John H. Genrich, M.D., (r) of Colorado Springs, received the 1989 "A. H. Robins Physician Award for Community Service", shown here with Donald K. Gledhill, Rocky Mountain Division Representative of A. H. Robins Company.
The prestigious award is given each year to a physician who has devoted time and personal sacrifice to the welfare of his or her community. The Robins Award has been given to a CMS member physician almost every year since 1969.



CMS outgoing President Robert D. Hartley, M.D., presented Denis Elo, M.D., of Loveland, CO with a "Presidential Citation" for Dr. Elo's five years of work toward highway safety and development of the Colorado Seat Belt Coalition. Interestingly, Dr. Elo was on the meeting agenda to report to the House concerning seat belt education, but his report was to honor the Colorado Medical Society for its outstanding support of the Coalition efforts through the years. Dr. Elo pointed out that the seat belt legislation developed by CMS and the Coalition is credited with a substantial reduction in highway accident fatalities during the three years the law has been on the books. Dr. Elo and Dr. Hartley exchanged awards.

Personal Financial Planning

A two-part, half-day seminar, for physicians and their spouses, including

Part 1 "Shelter From The Storm — Protecting business, retirement and personal assets"

Part 2 "Retirement — Making a graceful and economically comfortable exit from private practice"

This is an informational program providing necessary tools to protect you, your practice and your family.

DATE: November 29, 1989

TIME: 7:30 to 11:45 a.m.

PLACE: CMS offices at 5575 DTC Parkway, Suite 240, Englewood.

Each registrant will receive handout materials for use in the workshop and for future reference.
Easy access; plenty of parking available, comfortable surroundings to help you absorb this vital information from the professional faculty, including:

Spencer Swalm, Esq., Denver attorney specializing in estate and business planning. He received his law degree from the University of Denver in 1978. He has addressed a wide variety of groups on legal issues, including the annual convention of the Metropolitan Denver Dental Society and Kaiser Clinics. He is a member of the Rocky Mountain Estate Planning Council. He is also a member of the Denver and Colorado Bar Associations, where he serves on the business and probate sections. His articles on a wide variety of legal topics have appeared in both local and national publications.

Lawrence E. Howes, a Financial Planner for nine years, is a frequent lecturer to many private and public organizations, including the University of Colorado Health Sciences Center, Continuing Legal Education of Colorado and Rose Medical Center, among others. Mr. Howes serves on the State of Colorado Security Commissioner's Advisory Sub-committee for the Regulation of Investment Advisor/Financial Planners. He is also a member of the International Board of Standards and Practices for the Certified Financial Planner Practice Management Review Committee. He is currently a principal in Wagner Howes Financial, Inc., a personal financial advisory firm in Denver, specializing in fee-only advisory and council to the medical and legal professions.

NOTE: Registrations will not be accepted the day of the seminar. Enrollment is limited to 40 people.
15-day full refund cancellation priviledge: You will receive a 100% refund if you cancel your registration up to 15 days prior to the workshop date. (A $30.00 processing fee will be charged after that time). No refunds will be given without prior notification.

REGISTRATION FORM

I plan to attend the 'Personal Financial Planning" seminar in Denver on November 29, 1989
(Please make check payable/mail to: Colorado Medical Society, Dep't. of Prof. Education, Box 17550, Denver, CO 80217-0550)

Enrollee Name _____ Practice Name _____

Practice Address _____

City _____ State _____ Zip _____ Phone ( )_____

To register more than one person, please copy this registration form or type complete information on separate sheet.

Enrollment fees: (Includes tuition, handouts and a continental breakfast)

Early registrants (on or before November 17, 1989)
CMS members - $65.00 per enrollee
Non-members - $95.00 per enrollee

Late Registrants (November 18 through November 27, 1989)
CMS members - $95.00 per enrollee
Non-members - $125.00 per enrollee

Cost Center 310

Personal Financial Planning

A two-part, half-day seminar, for physicians and their spouses, including

7:30 am — Continental Breakfast served

7:30 - 9:30 am

I. THE PROBLEMS
- a. Medical malpractice claims
- b. Difficult Colorado economy
- c. Income and estate taxes
- d. Probate costs

II. LIFETIME PROTECTION OF THE ESTATE
- a. Prudent medical practices
- b. Adequate insurance
- c. Proper structure and management of business affairs
- d. Limiting liability with professional corporations
- e. Proper structure of retirement plans
- f. Gifting assets to spouse not at risk

III. PROTECTING THE ESTATE AT INCOMPETENCY AND DEATH
- a. Estate taxes
- b. Probate avoidance and with revocable living trust

9:30 - 9:45 am — Break

9:45 - 11:45 am

RETIREMENT:

I. OVERVIEW OF CURRENT REGULATORY ENVIRONMENT
- a. Current DOL views of participant funds
- b. Vesting changes

II. INVESTMENT POLICY
- a. What you need to earn on your funds
- b. Loads and costs
- c. Risk and diversification
- d. Establish your approach

III. INVESTING THE MONEY
- a. Monitoring your managers
- b. Computing your results

IV. WHERE DOES THE PRACTICE FIT IN?
- a. Sale before retirement
- b. Counting on income from a business you don't own.

Remove this registration form, complete the reverse side and mail, **with check**, to:

Colorado Medical Society
Department of Professional Education
P. O. Box 17550
Denver, CO 80217-0550

Remember: Workshop enrollment is limited to forty persons. Early enrollment will save you as much as $30.00 per person, so send your enrollment today!

You will find this to be one of the most beneficial half-days you'll spend in providing for your own ***economic comfort*** and ***peace of mind*** about the future.

1989 Colorado State Science Fair Junior/Senior High School Medical Division winners display their work at the CMS Annual Meeting, Vail, Colorado



Tammy Wilson, Senior Highschool Division winner explains her project on the dangers of lead poisoning from drinking water and its potential effect on children. Tammy received a $50 U. S. Savings Bond from CMS in recognition of her winning Science Fair project.

Each year, Colorado Medical Society awards two winners in the Colorado State Science Fair (Junior and Senior High School Division) for their medical science projects. With this recognition the students are given a $50 U. S. Savings Bond and the opportunity to display their science project at the CMS Annual Meeting.

It is hoped that through this brief exposure to the professionals and accompanying recognition that these students will be encouraged to further pursue their natural science studies . CMS is proud and pleased to make this contribution to the very worthwhile efforts of the students.

The Colorado State Science Fair is administered by volunteer professionals from all areas of science and industry. The 1989 President of the Board of Directors is Kenneth C. Allen of the National Telecommunications and Information Administration, Institute for Telecommunication Sciences in Boulder, CO.

Funds to go toward the CMS awards and expenses for the winners come from the Colorado Medical Foundation Trust Fund. Each year this fund, administered by the CMS Finance Committee, designates monies to go toward medical education projects.

The Trust Fund has been established many years and earnings from those gifts and endowments made to the Trust Fund have supported many worthwhile projects, both inside and outside Colorado, but always with the view of encouraging Colorado youth in pursuit of medical and health care education or to help educate others in the areas of good health.



Leslie Ann Barakat, Junior Highschool Division winner (shown with her proud parents), and her exhibit on stress and its medical implications. Leslie was presented by Colorado Medical Society with a $50 U. S. Savings Bond.

DELEGATE ATTENDANCE - 1989 ANNUAL MEETING

DISTRICT I - 5 DELEGATES
EASTERN COLORADO - 1 DELEGATE
None Present
MORGAN - 1 DELEGATE
(D) Thompson, Patrick (1-2)
NORTHEAST COLORADO - 2 DELEGATES
(D) Lopez, Edward M. (1-2)
WASHINGTON-YUMA - 1 DELEGATE
(D) Berry, Jack L. (1-2)

DISTRICT II - 6 DELEGATES
INTERMOUNTAIN - 1 DELEGATE
None Present
LAKE - 1 DELEGATE

None Present
MOUNT EVANS - 1 DELEGATE
None Present
MOUNT SOPRIS - 2 DELEGATES
(A) Painter, M. Ray (1-2)
(D) Rodriguez, Jose (1-2)
NORTHWESTERN COLORADO - 1 DELEGATE
(D) Post, Lawrence T. (1-2)

DISTRICT III - 10 DELEGATES
CHAFFEE - 1 DELEGATE
None Present
FREMONT - 2 DELEGATES
(D) Mohr, Gary A. (2)
(D) Gamache, Peter J. (1-2)
HUERFANO - 1 DELEGATE
None Present
LAS ANIMAS - 1 DELEGATE
(D) McFarland, Douglas M. (1-2)

OTERO - 2 DELEGATES
(A) Cummings, Daniel C. (1-2)
(D) Holm, William A. (2)
SAN LUIS VALLEY - 2 DELEGATES
None Present
SOUTHEASTERN COLORADO - 1 DELEGATE
None Present

DISTRICT IV - 7 DELEGATES
CURECANTI - 2 DELEGATES
(D) McMurran, Jay W. (1-2)
*(A) Manhart, Richard A. (1-2)
DELTA - 1 DELEGATE
None Present
LA PLATA - 3 DELEGATES
None Present
MONTEZUMA - 1 DELEGATE
None Present

DISTRICT V - 17 DELEGATES
ARAPAHOE - 17 DELEGATES
(D) Bartlett, Max D. (1-2)
(D) Brookens, Bruce R. (1-2)
(A) Larkin, Thomas P (1-2)
(D) Kruse, Robert L. (1-2)
(D) Levine, Mark A. (1-2)
(A) Spalter, Roger (1-2)
(D) Price, Jerry G. (1-2)
(D) Roberts, John F. (1-2)
(D) Rohrer, H. Hugh (2)
(D) Truitt, Leigh (1-2)
(A) Hughes, Clarence O., Jr. (1-2)
(D) Stecher, Karl, Jr. (2)
(A) Knize, David M. (1-2)
(D) Terbush, James W. (1-2)
(D) VanderArk, Gary D. (2)
(D) Wood, John M. (1-2)

DISTRICT VI - 11 DELEGATES
AURORA-ADAMS- 11 DELEGATES
(D) Heaton, C. Edward (2)
(D) O'Dell, Robert A. (1-2)
(D) Stoll, Stephen L. (2)
*(A) Krause, G. Thomas (1-2)
(D) Tyburczy, Joseph H. (1-2)
(D) Visconti, Paul (1-2)
(D) DiBella, Nicholas J. (1-2)
*(A) Ashkar, Louis N. (1-2)
(D) Griffith, William F. (1-2)
(D) Heaton, Angeline D. (1-2)
(D) Varnell, Jeffrey L. (1-2)

DISTRICT VII - 12 DELEGATES
BOULDER - 12 DELEGATES
(D) Bolles, Gene E. (2)
(D) Curtis, William S. (1-2)
(D) Benson, Alan E. (1-2)
*(A) Bedell, Richard F. (1-2)
(D) Dougherty, Marilyn (2)
(D) Rubright, Mark W. (1-2)
(D) Rupp, Gerald R. (1-2)
(D) Wilson, Don E. (1-2)

DISTRICT VIII - 18 DELEGATES
CLEAR CREEK VALLEY - 18 DELEGATES
(D) Cedars, Chester (1-2)
(A) Cohen, Richard S. (1-2)
(D) Henbest, Philip M. (1-2)
(D) Laubach, Sherri J. (1-2)
(D) Parry, Lynn (1-2)
(D) Potts, William E. (1-2)
(D) Campbell, Bernard E. (1-2)
(D) Daneshbod-Skibba, Ghodsi (1-2)
(D) Dorr, Lugene A. (1-2)
(D) Golbert, Thomas M. (1-2)
*(A) Whitesel, John (2)
*(A) Ryan, Donald W. (1-2)
(D) Sadler, Dean L. (1-2)
(D) Yakely, M. Robert (1-2)

DISTRICT IX - 46 DELEGATES
DENVER - 46 DELEGATES
*(A) Bigelow, D. Boyd (2)
(D) Butterfield, L. Joseph (1-2)
(D) Charles, David M. (1-2)
*(A) Sbarbaro, John (1-2)
(D) Fenoglio, Michael E. (1-2)
(D) Karel, James L. (1-2)
(D) Kennedy, Timothy C. (1-2)

(D) Livingston, Wallace H. (1-2)
(D) McCurdy, Robert E. (2)
*(A) Hutchison, David E. (1-2)
(A) Kelble, David L. (2)
(D) Sawyer, Robert B. (1-2)
(D) Anneberg, A. Lee (1-2)
*(A) Mueller, John F. (1-2)
*(A) Woodard, W. Donald (2)
(D) Carson, Stanley (2)
(D) Cook, William R. (1-2)
*(A) Weidel, Jerome D. (2)
(D) Eckhoff, Donald G. (1-2)
(A) Germer, Nancy J. (2)
(D) Foust, Glenn T., III (2)
(A) Litvak, John (1-2)
(A) Gibbs, Charles P. (2)
(D) Hedberg, John (1-2)
(D) Hepner, Harold J. (2)
*(A) Halgrimson, Charles G. (2)
(D) Jacobson, Eugene D. (1-2)
*(A) Lillehei, Kevin O. (2)
(D) McCartney, Robert (1-2)
(D) Parsons, Donald (2)
*(A) McElfatrick, Robert A. (2)
*(A) Kelly, James P. (2)
(D) Rhodes, Edward A. (1-2)
(D) Safford, H. R. (1-2)
*(A) Nelson, Nancy E. (2)
(D) Victoroff, Michael S. (1-2)
(D) Walker, Louise C. (1-2)

DISTRICT X - 17 DELEGATES

EL PASO - 17 DELEGATES

(A) Griffith, Dillard R. (1-2)
(D) Brusenhan, J. Richard (1-2)
(D) Crawford, Lewis A. (1-2)
(D) Cunningham, Leon D. (2)
(D) Genrich, John H. (1-2)
(D) Gifford, Marilyn (2)
(D) Muth, John B. (1-2)
(A) LaVoo, John W. (1-2)
(D) Cooper, Jack (1-2)
(A) Goldstein, Warren D. (2)
(D) Lewis, Ted T. (1-2)
(D) McClure, Scott H. (2)
(A) Rubinow, Sidney D. (1-2)
(A) Pollard, Joseph S. (1)
(D) Moore, Larry A. (1)
(A) Lloyd, William E. (1-2)
(D) Spaulding, Duane R. (1-2)

DISTRICT XI - 10 DELEGATES

LARIMER - 10 DELEGATES

(D) Chase, Jerry A. (1-2)
(D) Danforth, James C. (1-2)
(D) Allen, Thomas J. (1)
(D) Kaiser, Dale C. (1-2)
(D) Merkel, Lawrence A. (2)
(D) Allen, Thomas J. (1-2)
(D) Giansiracusa, Richard (1-2)
(D) Hammond, Richard O. (1-2)
(A) Elo, Denis (1-2)

DISTRICT XII - 5 DELEGATES

MESA - 5 DELEGATES

(D) Hanna, Robert (1-2)
*(A) Doran, John (2)

DISTRICT XIII - 9 DELEGATES

PUEBLO - 9 DELEGATES

(D) Bedard, Charles H. (1-2)
(A) Schottstaedt, Louise E. (1)
(D) Birner, W. Frederic (2)
(D) McKinnon, George (2)
(D) Osborn, Mark (1-2)
(D) Fowler, James B. (1-2)
(D) Lawrence, Richard A. (1-2)
(D) Meeuwsen, James W. (1-2)
(D) Schultz, R.J. Black (1-2)
(D) Turman, William G. (1-2)

DISTRICT XIV - 7 DELEGATES

WELD - 7 DELEGATES

(D) Clark, Ronald D. (1-2)
(A) Gilmore, Bruce T. (1-2)
(D) Sullivan, Patrick J. (1-2)
*(A) Clifford, Nathan J. (1-2)
(D) Cash, Robert M. (2)
(A) Kemme, Richard J. (1-2)
(A) Stahlman, Richard L. (1-2)

MEDICAL STAFF SECTION - 1 DELEGATE

None Present

COLORADO ACADEMY OF FAMILY PHYSICIANS - 1 DELEGATE

(D) Makowski, Anthony J. (1-2)

COLORADO CHAPER AMERICAN COLLEGE OF PHYSICIANS - 1 DELEGATE

None Present

COLORADO SOCIETY OF INTERNAL MEDICINE - 1 DELEGATE

None Present

ROCKY MOUNTAIN GASTROENTROLOGIC SOCIETY - 1 DELEGATE

None Present

COLORADO ORTHOPAEDIC SOCIETY - 1 DELEGATE

(D) Cletcher, John O., Jr. (1-2)

COLORADO SOCIETY OF ANESTHESIOLOGISTS - 1 DELEGATE

(D) Ballinger, Carter M. (1-2)

COLORADO CHAPTER AMERICAN COLLEGE OF SURGEONS - 1 DELEGATE

(D) Hildebrand, Jan S. (1-2)

COLORADO SOCIETY OF EMERGENCY MEDICINE - 1 DELEGATE

(D) Phelps, Dwight S. (2)

COLORADO RESIDENT PHYSICIAN SECTION - 1 DELEGATE

None Present

COLORADO GYNECOLOGICAL AND OBSTETRICAL SOCIETY - 1 DELEGATE

(D) Thorne, John (1-2)

COLORADO YOUNG PHYSICIAN SECTION - 1 DELEGATE

*(A) Schneider, Dieter W. (1-2)

COLORADO MEDICAL STUDENT SECTION - 1 DELEGATE
None Present
COLORADO OPHTHALMOGICAL SOCIETY - 1 DELEGATE
(A) Zopf, Dlevin L. (2)
COLORADO PSYCHIATRIC SOCIETY - 1 DELEGATE
(D) Lauer, James W. (1-2)
WOMEN IN MEDICINE SECTION - 1 DELEGATE
(D) Christiansen, Elinor T. (2)
COLORADO CHILD & ADOLESCENT PSYCHIATRY SOCIETY
None Present
COLORADO NEUROSURGICAL SOCIETY
None Present
COLORADO OTOLARYNGOLOGY & MAXILLOFACIAL SOCIETY
None Present
COLORADO DERMATOLOGIC SOCIETY
None Present
ROCKY MOUNTAIN ACADEMY OF OCCUPATIONAL MEDICINE
None Present
COLORADO SOCIETY OF CLINICAL PATHOLOGISTS
(D) Stienmeier, Richard (1-2)
COLORADO RADIOLOGICAL SOCIETY
None Present
COLORADO SOCIETY DERMATOLOGICAL SURGERY
None Present
COLORADO ALLERGY SOCIETY
(D) Silvers, William S. (2)
(D) Elected Accredited Delegates
(A) Elected Accredited Alternates
*(A) Substitute Accredited Alternates

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Precautions Urged for Bubonic Plague

State and local health officials are investigating the state's second bubonic plague case this year, in a 60 year old Ignacio man recovering at home.

John Pape, a disease control specialist with the Colorado Department of Health, says the retired rancher is on antibiotics as part of his outpatient treatment from a Durango hospital. He is expected to recover. The man became ill on September 17 and the plague was diagnosed over the weekend; he was hospitalized for six days before being discharged.

Mr. Pape says the man noticed a die off of ground squirrels and prairie dogs in a remote area on his property in the southern part of La Plata County. He was apparently bitten by an infected flea.

In an earlier case in July, a 16 year old boy became ill in Las Animas County, west of Trinidad. He has since recovered.

The state health department warns that plague remains an environmental hazard in all parts of the state. Mr. Pape said that prompt reporting of cases is important for immediate diagnosis and treatment of victims and control measures to prevent other cases in the area. Look for symptoms such as high fever, chills, severe prostration and swollen, tender lymph glands. The disease is potentially fatal.

Precautions are recommended in the area. They would include insect repellent when in remote areas, not handling dead rodents, keeping dogs and cats confined and treated with appropriate insecticide powder or shampoo if they are outdoors at all and reporting any animal die off to the local health department.

Four plague cases occurred in Colorado in 1988, two in 1987, none in 1986. The last Colorado fatality was a woman from Colorado Springs in 1984.

For more information contact Mr. Pape at (303) 331-8336 or the San Juan Basin Health Department at (303) 247-5702.

CDH Selected for National Lab Testing Project

The Colorado Department of Health announced an effort to insure more accurate and consistent laboratory testing, according to Ron Cada, Dr. P.H., director of the Laboratory Division. Dr. Cada says that the division has been selected as one of seven area offices in the National Laboratory Training Network, supported by a 5 million dollar grant from the federal Centers for Disease Control.

Colorado's training coordinator Judy Donaldson says the network is important to the state's estimated 3,000 labs in hospitals, doctors' offices, clinics, health screening services and in drinking water and sewage treatment plants. The programs will be for all public or private lab workers who test medical or environmental samples.

Dr. Cada says new federal laboratory regulations will encourage labs to seek training for continued competency and all medical labs will have to meet the federal standards. He may be contacted at (303) 331-4700 for more information.

CMS Med Fax

Sickle Cell Research

University of Colorado School of Medicine researchers are seeking healthy, black men between the ages of 18 and 30 years for a sickle cell research project. Researchers are especially looking for men who have sickle cell trait.

Eligible participants should have lived in the Denver area for 10 or more years, according to Rachelle Nuss, assistant professor in the Department of Pediatrics. Volunteers will be paid $75 for spending approximately four hours at the University Hospital.

The research project is being sponsored by the Colorado Sickle Cell Treatment and Research Center, which is located on the University of Colorado Health Sciences Center campus. For more information call 270-7569.

Cancer League of Colorado Accepting Grant Applications

The Cancer League of Colorado, Inc., an independent non-profit volunteer organization committed to raising funds for cancer research and patient care, announces that they are accepting grant applications.

If you are actively involved in cancer research that involves laboratory, clinical or community studies, or, if you are involved in the care of the cancer patient, you are invited to submit an application to the Cancer League for funding.

For grant application requests write or call Nancy DeLauro at 3745 S. Oneida Way, Denver, CO 80237 or call (303) 757-2773 before January 31, 1990.

CMS CALENDAR
November

11/1	Workmen's Compensation Advisory Committee	7:30 am
11/2	Private Utilization Review Legislation Committee	6:00 pm
	Women in Medicine Governing Council	6:30 pm
11/7	Medical Informatics Committee	8:00 am
11/8	Peer Review Oversight Committee	6:30 pm
11/9	Committee on Accreditation	4:00 pm
11/16	Council on Professional Education	4:00 pm
11/17	Finance Committee	12:30 pm
	Board of Directors	2:00 pm

STACKS

CMS Colorado Medicine

December, 1989 Volume 86, Number 18

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379—Dr. Robert Hartley Speaks Out on Rationing of Health Care
386—Practice Management Information
381—Physicians & Lawyers Ski For Charity

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* Highlights from a presentation to the General Membership of the Colorado Medical Society at the 1989 Annual Meeting. Larry W. Thrower/President C.O.O. COPIC

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1981
The Hartford/CMS Professional Liability Trust was established to gain more control of physicians' destiny, but it soon became clear that a stronger position with the Hartford was necessary.

On May 7, the President of CMS, K. Mason Howard, sent a tape to CMS members urging you to form your own insurance company.

1982
COPIC Trust, a not-for-profit, single-state, doctor-controlled company, was formed with a loan of $400,000 from CMS. The competition with the for-profit, multi-state companies was fierce.

1984
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COPIC received its charter as a multi-line insurance company from the State Insurance Commissioner.

1985
Policies were renewed in COPIC Insurance Company.

1986
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- Unpaid loss to surplus– industry standards= 4:1/COPIC= 3.59:1
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- Salaries to premium – 74 points and 265 points less than others

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AIR FORCE

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THIS MONTH'S COVER—At least 150 years of combined medical practice were represented at the 119th Annual Meeting of the Colorado Medical Society at Vail. Representing the 1989 inductees into the 50 Year Club were (l to r) Abraham J. Kauvar, MD, Franklin D. Yoder, MD and Fred Kuykendall, MD.
These physicians were honored at the Inauguration of President John F. Farrington, MD for their outstanding contribution to medicine in the 50 years since their graduation from medical school. That contribution is made even more significant by the fact that they were able and willing to continue their participation in the affairs of the medical society by attending this meeting. Join us in congratulating these, the newest members of the 50 year club, as well as those physicians who have already attained this status.
(Note: The full list of 50 Year Club inductees was published in the September issue of **Colorado Medicine**, along with the names of those physicians who have been in practice 40 years and 25 years.)

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Harold F. Frye, Executive Editor. William S. Pierson, Managing Editor. Michael Thompson, Ass't. Managing Editor



John F. Farrington, M.D.
President, Colorado Medical Society
1989-1990

The Conscientiousness of a Board of Directors

Physicians have come to accept the ever-changing environment of medicine. We anticipate with pleasure new technology and its application and benefits to our patient's health. However, in the political and economic environment, we have come to dread the announcement of new developments. As an individual physician, you should expect to have more voice in what happens to the medical environment than in the development of new technology.

The Colorado Medical Society is a grass roots organization. In other words, you run it and it must be responsive to you. The governing body is the House of Delegates, controlled by the members representing each county and regional component. Through the Board of Directors and Officers, your society must be responsive to your needs and help mold the future of our profession. The Board must respond intelligently to the changing political and economic environment in which you must function. It must respond to your perceptions of what is wrong. It is the tool with which you can get things done.

The Board should not be viewed as a seemingly unreachable and unresponsive group, functioning in isolation, but as a group of your peers elected to be your representatives.

In order to improve its function and be more responsive to your needs, I have asked your Board to do a bit of "self-examination". This came about because of comments made at the September Annual Meeting.

The following memorandum has been sent to the Board members and Officers.

Subject: "Self Examination"

An ongoing responsibility of any organization must be the periodic evaluation of its functions and progress toward achieving its goals. We do not live in a static world, and midcourse corrections are frequently necessary.

During the 1989 CMS Annual Meeting, numerous members voiced a variety of concerns about CMS. Some of these concerns may be the healthy questioning of a Board whose functions and deliberations are not clearly understood or adequately communicated to the membership. These concerns must be perceived as reality and addressed by the Board.

Some of the concerns I have heard are:

1. Poor communication between leadership and members.
2. General lack of confidence in the leadership. (No specifics given)
3. The organization is run by the Executive Committee and the Executive Director, with the Board acting only peripherally.
4. Items brought to the Board are "well greased" by the Executive Committee and Executive Director before presentation.
5. "CMS Executive doesn't care what members think."
6. The Rocky Flats issue was poorly handled without proper input from the Committee on the Environment. "You got stampeded."
7. The lobbyist should report directly to the Executive Committee
8. The CMS Board is not properly educated, nor does it have the information it needs to make decisions intelligently.
9. You are trying to do too much and things aren't getting done.
10. Staff is stretched too thin.
11. The Board doesn't meet often enough.
12. Unintelligible financial statements.

****

You may have other concerns. If so, pass them along to the Board member representing your county or regional society.

The Board of Directors should examine all of your concerns, respond to them, communicate the decisions of the body to the membership, and work to gain organizational credibility with the membership.

Since the Annual Meeting, we have begun to address some of these concerns:

1. Development of a monthly report for Colorado Medicine on Board, Council and Committee activities.
2. Development of a similar release to be published in component society newsletters.
3. Development of a summary report of the financial statement to make fiscal information more meaningful and useful to the House of Delegates and Board of Directors.
4. Development of plans to restructure visitations to component societies in order to provide more information to physicians in outlying areas through seminars on such topics as Medicare and Medicaid.
5. Development of priorities for all CMS activities, to make the best use of the organization's resources.

We must know your concerns and will listen to your ideas on how things should be handled. Communicate! Communicate with us!

AT PRESS TIME: CMS Med Fax features items which came to light too late to be included in Colorado Medicine, but which we felt you needed to know quickly. It was printed after the rest of the magazine had already gone to press, then inserted. Eds.

BME Adopts Malpractice Rules for Retired Physicians

from Colorado Medical Society
Division of Government Relations

During the latest meeting of the Colorado Board of Medical Examiners the board adopted a rule exempting those physicians who are completely retired from the practice of medicine from the insurance requirements of Senate Bill 143 ('88). Pursuant to those requirements, every physician who holds or desires to obtain a Colorado medical license must maintain commercial professional liability insurance coverage with an indemnity amount of $500,000 per incident and $1,500,000 annual aggregate per year (or meet alternative responsibility standards which comply with the provisions of Section 13-64-30(1)(c), (d), or (e); except that this requirement is not applicable to a health care professional who is a public employee under the Colorado Governmental Immunity Act".

Pursuant to these rules, a physician whose medical practice falls entirely within one or more of the following categories is exempt from the requirements set forth in the preceding paragraph:

a. A physician who is completely and permanently retired from the practice of medicine.
b. A physician who does not engage in any patient care whatsoever within the state of Colorado.
c. A federal civilian or military physician whose practice is limited solely to that required by his federal/military agency.
d. A physician who is not engaged in any patient care whatsoever (administrators, researchers, academicians, those engaged in endeavors outside of medicine, e.g.).
e. A physician who is covered by individual commercial professional liability coverage (or an alternative which complies with Section 13-64-301(1)9c)(d) or (e) maintained by an employer/contracting agency in the amounts set forth in paragraph 1, above.

The board will hold a public rule making hearing on January 11, 1990, at 10 AM, at the Warwick Hotel, 18th and Grant Streets, Denver, for the purpose of considering an amendment of the rules and regulations regarding financial responsibility standards for physicians. The proposed amendment reads as follows:

f. A physician who provides uncompensated health care to patients unable to pay for health care services, and who does not otherwise engage in any compensated patient care whatsoever.

For more information on these new regulations, including the opportunity to have input to the process, contact the Colorado Medical Society Division of government Relations, (303) 779-5455 or 1-800-654-5653. You may also participate in activities concerning legislation which affects medicine. Ask for details when you call.

CAFP Gives Conditional Support to Screening Mammography Legislation

During the 1988-89 Colorado General Assembly, legislation was passed that mandates health and casualty insurance companies to provide coverage of low dose screening mammograms. The new law goes into effect January 1, 1990. The intent of the new law is to improve the accessibility and affordability of mammography to the women of our state.

It provides for a single baseline mammogram for women 35-40 years old. Screening is to be no less than every two years for women 40-65 years old. For those women with risk factors as determined by their physicians and for women 50-60 years old, annual screening is provided.

The insurance carriers are to reimburse up to $60 per mammogram. A flaw of the bill, however, is that there is no direction as to who should receive this payment (i.e. the bill does not say whether this fee is for the technical or professional component of the test). We assume at present that claims will be paid on a first come first served basis. As usual, disputes will undoubtedly occur. Most insurance companies have an appeals process which would then need to be utilized. In the event these disputes are frequent, more explicit rules or legislation would need to be sought by the medical community.

The Colorado Academy of Family Physicians supports this legislation, but we feel strongly that the screening mammogram itself does not and should not replace a program of monthly self examination reinforced by a periodic evaluation by a physician. This must continue to be emphasized to the lay public.

For more information on current legislative initiatives, including CMS Council on Legislation positions, see p. 384 inside.

CMS Student Member Eric Olsen Receives National Honor

Eric B. Olsen, MS IV has been honored by the American Medical Association Division of Membership for his contribution to the 1989-1990 Medical Student Section Outreach program. Mr. Olsen, a fourth year medical student at the University of Colorado School of Medicine, is a five year member of the Colorado Medical Society and has been active at both the state and national levels of organized medicine.

Shirley A. Positano, Assistant Director of the Department of Membership and Marketing of the AMA wrote, in the award letter, "Once again, congratulations on receiving this award. Your efforts to recruit new members of AMA are greatly appreciated."

Mr. Olsen has long been convinced of the value of organized medicine. He wrote (in an article in **Colorado Medicine** of April 15, 1989) "Organized medicine as determined by the local, state and national medical associations will be forever influencing our medical education as well as how we practice medicine and approach patient care." He held true the adage, "that with an organization like the CMS, personal returns are far greater than the investment."

UPCOMING EVENTS

American Cancer Society
Mid-Winter Cancer Seminar—January 10-13, 1990
Vail, CO
Contact: Karen Holtman, (303) 758-2030

Latin American Educational Foundation
40th Anniversary Dinner—January 27, 1990
Nobel Laureate Dr. Thomas Cech
Contact: Paula M. Gonzales (303) 893-1256

Young Women's Christian Association
New Dimensions—January, 1990
Seminar for women entering the workforce
For Information: (303) 825-7141



A monthly report of current and on-going activities of the Councils, Committees and Sections of the Colorado Medical Society. None of the information herein is meant to indicate a policy or position statement by the Colorado Medical Society. This report is designed only to inform CMS members of their organization's activities and study projects at the Council, Committee or Section level and will be a regular feature in ***Colorado Medicine.***

December, 1989

COLORADO MEDICAL SOCIETY POLITICAL ACTION COMMITTEE (COMPAC) is a voluntary, non-profit, bipartisan committee formed to provide monetary support to state legislative candidates. The COMPAC Board of Directors consists of 27 physicians and spouses representative of the six Colorado congressional districts. This board is charged with determining candidate support based on the following criteria: 1) Past voting records of incumbent candidates; 2) Personal interviews with the candidates; 3) Recommendations of COMPAC members and 4) A statistical analysis of the voting patterns of the legislative district. The American Medical Political Action Committee (AMPAC) provides support to Colorado congressional candidates based on recommendations of the COMPAC Board of Directors.

COMMITTEE ON FEDERAL LEGISLATION is a newly-formed committed charged with reviewing federal legislative health issues and the impact these issues have on Colorado citizens. It is the responsibility of this committee to convey the positions of the Colorado Medical Society to the Colorado delegation in Washington, D. C.

COUNCIL ON LEGISLATION is the legislative arm of the Colorado Medical Society. The council is charged with reviewing legislative proposals and determining the impact the proposals may have on patient care and the practice of medicine. Examples of bills followed during the 1989 legislative session are: prescribing of drugs by physicians to family members, creation of the Colorado uninsurable health plan, mandatory motorcycle rider helmets, smoking in food establishments, and numerous bills dealing with care of the medically indigent and workmen's compensation issues.

TASK FORCE ON COLORADO HEALTH DATA COMMISSION is charged with monitoring the activities of the Data Commission. This Commission released in November a *Small Area Analysis Report* outlining variations in practice patterns of Colorado physicians. The Task Force is preparing to bring together representatives of specialties and geographic locations to begin the process of reviewing this report.

MATERNAL AND CHILD HEALTH COMMITTEE continues to look at issues related to babies born to drug-using mothers. They also participate on the Child Fatality Review Committee established to develop and implement a standing child death review process in Colorado.

WOMEN IN MEDICINE SECTION is in the process of developing a school health project to facilitate the provision of comprehensive health education in Colorado schools.

COUNCIL ON MEDICAL SERVICE is discussing a variety of issues related to health care access in rural Colorado. It will be developing guidelines for appropriate use and supervision of mid-level practitioners and, along with the Emergency Medical Care Advisory Committee, is looking at mechanisms to improve rural emergency medical systems.

HEALTH CARE PRIORITIES COMMITTEE is reviewing Oregon's rationing plan on which legislation will be introduced during the 1990 legislative session. With regard to this topic, the Committee is planning a December forum on "Ethics and the Economy". (See registration information in this issue of **Colorado Medicine**.)

SCHOOL HEALTH AND SPORTS MEDICINE COMMITTEE is in production of a video training tape on pre-participation sports physical. The committee is also working on guidelines for sports participation after head injuries.

YOUNG PHYSICIAN SECTION continues to be involved in the Medical-Legal Clinic for the Homeless. The clinic offers medical as well as legal assistance to the homeless. The Science Ambassador Project is an ongoing project for the Young Physician Section. The YPS organizes talks given by scientists to elementary school children to enhance education in the natural sciences. The YPS Speaker's Bureau is currently developing a "Smoke-Free Society" outreach program for primary and secondary schools. In addition, the Young Physicians are developing information packets for start-up businesses.

CMS Executive Director's Update



Harold F. Frye,
Executive Director,
Colorado Medical Society

SEASON'S GREETINGS!
I want to extend to you, your spouse, family and staff my best wishes for happy holidays and a profitable new year.

WILL YOU BE THERE?
CMS is pleased to sponsor the upcoming "Ethics and the Economy: Defining A Balance in Making Health Care Decisions" seminar on December 13th. You'll find registration information in this issue. This seminar will give you an excellent opportunity to interact with your professional colleagues in dealing with some very important issues facing you as a physician.

1990 COLORADO GENERAL ASSEMBLY SESSION NEARING
Council on Legislation and the Government Relations staff are already busy reviewing legislation to be introduced in the General Assembly session. Some of these subjects are prioritization of health care services, redrafting of the Workmen's Compensation system, indigent care and others. We will be looking for many of you to assist us in our legislative efforts this year.

SOUTHEAST COMPONENT VISIT JUST COMPLETED
John F. Farrington, M.D., K. Mason Howard, M.D., and I just returned from a successful visit to seven of the component societies in southeast Colorado.

We want to thank those societies for their kind hospitality. The visits were a great success in that we received extensive information to help us deal with issues facing rural physicians. These visits are a continuing effort to hear from our members. If you have suggestions, recommendations, criticisms or other issues you would like to raise with CMS, feel free to call me or Dr. Farrington. We are here to serve you.

Highlights from the November 17, 1989, Board of Directors Meeting:

RIGHTS/RESPONSIBILITIES OF BOARD MEMBERS/CONFLICT OF INTEREST: Mr. Robert Montgomery, CMS Legal Counsel, reviewed the rights and responsibilities of Board members and briefly explained the Conflict of Interest Statement which Board members were asked to sign and turn in.

SELF EXAMINATION: Dr. Farrington asked the Board for feedback from the memo he sent on self examination. Many good ideas were offered and Dr. Farrington will present a complete report to the Board at the January 5 meeting. A motion was passed to have the Organizational Study Committee review the section of the Bylaws dealing with duties of the Executive Committee and the Board to see if they should be revised to more clearly reflect the way those duties are currently being carried out.

REVISED MEETING SCHEDULE: A motion was passed to hold Board meetings approximately every six weeks beginning January 5 as listed below:

January 5	June 15
February 9	July 27
March 30	September 7
May 11	October 19

HEALTH DATA COMISSION REPORT: Ms. Ellen Stein, Director of Health Care Policy, reported that the Colorado Health Data Commission Small Area Analysis Report is due to be released November 28. She has had a good response to the invitation sent to hospital medical staffs and component and specialty societies to participate in a forum regarding the results of the report.

Ms. Stein also noted concerns regarding physician identifier numbers and the collection of physician specific information. Dr. Robert Sawyer recommended working jointly with the Colorado Hospital Association on this problem. He also noted that CHA has reviewed Claire Taylor-Little's bill and that it needs a joint look by both CHA and CMS.

ESTABLISHING PRIORITIES AMONG HEALTH CARE SERVICES PROJECT: A motion was passed to endorse and encourage physician participation in the "Establishing Priorities Among Health Care Services Project" to be housed at Denver General Hospital.

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LEGAL UPDATE:

PHYSICIAN FINED $20,000 FOR DUMPING AN INDIGENT

By SUSAN T. SMITH

A Texas obstetrician is appealing a $20,000 fine in the first case brought under a 1986 federal law to deter "dumping" by physicians and institutions of Medicare and Medicaid patients.

An indigent patient with no physician affiliation, who apparently had not sought prenatal care, arrived at the emergency room at 4:50 p.m. and announced the incipient birth of her sixth child. The obstetrician, the rural hospital's chief of obstetrics and gynecology, refused treatment and authorized her transfer to a public hospital 160 miles away, despite being told by nurses the woman was contracting every three minutes, was dilated 3cm and a blood pressure of 210/130. The baby was born in an ambulance at 7:30 p.m. without serious complication.

Attorney Susan T. Smith heads the health care administration department at Pryor, Carney and Johnson, P.C., a 40-attorney Denver law firm that offers a full range of services to health care providers including medical malpractice defense, contract negotiations, Medicare/Medicaid, peer review, medical staff issues and personal legal services.

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Solving the Ethical Dilemma

by Richard M. Burton, MD, FACEP
Past President, El Paso County Medical Society

Ethical Dilemmas can occur in any profession. In medicine they often mean the choice between sustaining life or allowing it to end. It is important, then, that a care giver understand the purpose of any treatment which may involve an ethical choice.

Ethics, from the Greek word "εθος", means the sentiment of the community. Ethics is a philosophy based on the beliefs and standards which are expected to be the usual practice in the society in which one operates. In essence, Ethical Dilemmas require a choice between perceived right and wrong, between good and bad. For the care giver, it is a system of interpretation of moral issues in relation to laws and the mind of medicine in general.

Moral dilemmas cannot exist unless there is a choice to be made. If there are no choices, no Ethical Dilemma exists.

A dilemma indicates a choice between two or more alternatives, each of which will bring an anticipated outcome and each of which may be in conflict with the outcomes of other alternatives. Thus, Ethical Dilemmas become a study of moral options. Their solutions become the common sensical approaches which yield the "best" option under the current circumstances.

A person who must guide an ethical decision should understand the difference between fact and opinion. Facts are hard evidence. They can be used to lead one to a better decision, but they cannot replace beliefs or opinions without some convincing presentation. Opinions are soft, and based on feelings. It is this area of feelings which creates Ethical Dilemmas. Facts don't change, opinions may. The role of the Ethical Dilemma solver is to weigh and present both facts and opinions and help the patient or family come up with a decision that is the "better good."

Before looking at a rational method for making the "better good" choice, certain current philosophies are worth addressing. The rules of making an ethical choice are not arbitrary. Opinions differ, so some basic guidelines must be employed. Rules, as given years ago by Bertrand Russel (from: Shea, G.F. *Practical Ethics*, Am. Mgmt. Assn., 1988), are:

- ◊ Don't feel absolutely certain about anything. Ethics deals with beliefs, and beliefs are malleable. People's ideas change with education and time.
- ◊ Don't conceal evidence. All facts and opinions from everyone involved must be brought into the open. Be scrupulously truthful.
- ◊ Never try to discourage thinking.
- ◊ Overcome by argument, not by authority. Care givers may have the power to influence, but decisions based in force are the care giver's and not the patient's. Intelligent dissent is much more useful than passive agreement from either side of the issue.

Beyond these simple rules, there are some directions in medicine which should also be understood. These come from ethicist Ruth Macklin (*Mortal Choices*, Houghton Mifflin Co., 1987), and are as follows:

- ◊ Choose the action most likely to result in a balance of benefits over harm.
- ◊ The one most qualified to judge quality of life is the person whose life it is. Short of this, the family may be best.
- ◊ Consider the purpose of the treatment. Is it to prolong life, or to prolong the dying process? If there will be continued life without benefit to the patient, the decision should weigh toward ending the dying process.
- ◊ Patients should have the capacity to make reasonable judgments about themselves. If they can't, others must make hard decisions for them.

With the rules and directions in mind, the next step is to work on the ethical dilemma itself. Ethicists approach this process by defining the problem, then working toward the solution. But a definition cannot be given to the Ethical Dilemma without

first doing the research necessary to have all the available facts and opinions surfaced.

Louise Lears, SC, Ethicist for the Penrose-St. Francis Health Care System, uses a format for ethical decisions which takes the matter step-by-step and leads to a basic common sense outcome. It is (with my comments) as follows:

STEP ONE
Get the "facts" (including beliefs). Everyone involved with making the moral choice should be fully aware of the facts, and their potential impacts.

STEP TWO
"Define the Dilemma." You have to know what the dilemma is before it can be dealt with rationally. The best definition comes from knowing the potential effects of the problem. A valid Ethical Dilemma definition requires two or more alternative choices. It may be whether to give blood or not; it may be whether to allow refusal of chemotherapy of not, but the choices should be included.

STEP THREE
Take a closer look at the alternatives. Difficulties in solving Ethical Dilemmas are often the result of conflicts in personal beliefs (opinions). These differences may exist between two care givers, a care giver and the patient, the patient and the family, or care givers and the family. In almost any situation the care giver is the best source of facts so long as he or she remains open and avoids bringing in personal biases. Always remember that is is the patient who will feel the effects of whatever alternative there is. The care giver's prime role is to present options and allow an "informed" decision to be made. Reviewing the "rules," as presented earlier, is important when alternatives are being considered. Each alternative should also be linked with its implications. What is the likely outcome of each alternative? It is really the implication which is of concern. The means is merely a way to get to the specific end. The end (implication, or potential outcome) is here Ethical Dilemmas reside. Again, the search is for the "better good."

STEP FOUR
Finally, when the first three steps have been covered, the decision itself is made: the choice by patient, family and care givers, of the "better good." Will this decision be in the best interest of the patient as he or she perceives "best" to be?

Solving Ethical Dilemmas is a difficult task. People's beliefs and lives hang in the balance and no publication can do justice to all of the issues which might be raised. The aim here is not to present issues, but merely to give some basic rules and steps which might be useful in approaching decisions which are often tremendously taxing. When a care giver has a logical approach to solving an ethical matter of peculiar difficulty, the process often becomes less traumatic for all involved. As a final word, we all, as care givers, should realize when we are so personally involved that we need to step back and ask the help of the clergy and/or ethicist. Having the wisdom to ask for help is the greatest ethical wisdom there is.

Dr. Richard M. Burton is a full time Emergency Medicine Specialist with 15 years of practical experience. He has been on the Penrose-St. Francis Health Care System Ethics Committee for two years. He has over 25 medical management and creative thinking articles to his credit, as well as several pieces on problem solving and common sense approaches to handling a crisis. He has been a member of the Colorado Medical Society for 14 years.

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12:30- 1:30 pm	Lunch and Opening Remarks: **John F. Farrington, M.D.,** President, Colo. Medical Society
1:30 - 2:10 pm	***"Overview of Ethical Decision-making"*** **Michael Radetsky, M.D.**
2:10 - 3:00 pm	***"Medical Ethics and the Marketplace: the fact of rationing"*** **Ralph Crawshaw, M.D.,** a Founder of ***Oregon Health Decisions***
3:00 - 3:30 pm	Overview of Proposed Legislation
3:30 - 3:45 pm	Break
3:45 - 4:45 pm	***"The Right to Refuse Vs. The Right to Demand"*** Case Presentation/Role Play and Discussion Facilitator: **Fredrick Abrams, M.D.**
4:45 - 5:45 pm	Break out Session ***"Defining A Balance In Making Health Care Decisions"***
5:45 - 6:30 pm	Reports/Discussions/Wrap-Up ***"The Balancing Act: Where Do We Go From Here?"*** Can the decision-making process be an opportunity for improving medical care in Colorado? Facilitator: **David Sheehan**

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Medical Ethics and Medical Education or When is a medical decision not a medical decision, but an ethical one?

Ed. Note: Ethics impact almost every area of medicine and every daily decision you make. Do you wish you had been better prepared for these decisions in medical school? The following exchange is reprinted from **The Medical Examiner**, *the student newsletter at the University of Colorado School of Medicine. We thought it would be enlightening to examine some of the views of the future physicians on these vital issues.*

Should Ethics Be Added to the Core Curriculum?

by Dave Kleinman, MSII

I have been interested in medical ethics for a number of years. It is a fascinating field that combines scientific knowledge with contemporary human values and it seeks to define difficult ethical issues within the rubrics of the history of philosophical and humanitarian thought. This interest was keenly ignited last winter when I took Dr. Marsh's elective, Ethical Decision Making in Medicine.

There were only three medical students in the class of about 15 people. This bothered me because I believe the issues we discussed and read about are so central to the practice of medicine, especially today, with rapidly advancing technological ability, limited resources, and falling public trust in physicians. At times I felt this elective was the most important class I was taking, and today think that an exposure to medical ethics should be an important part of the first year of medical school. While medical ethics makes up part of the Health Issues class, I feel that is not enough to develop a sense of the importance medical ethics holds today, and has held throughout history.

One thing I began to appreciate last winter was the need for the medical profession itself to solve the problems facing it. These problems are many: the growing importance of medical-legal issues, conflicts of interest (for example, joint venturing by physicians), our country's inability to provide access to health care for all those in need, as well as the aforementioned declining public trust in physicians. If the people within the medical profession don't work to solve these problems, society will be forced to do so, and these decisions will be made by individuals not schooled in the art of medicine. In this way physicians and the practice of medicine will lost a great amount of autonomy.

But it is not the students' fault they didn't sign up for the elective my two classmates and I took. The educational system must bring the importance of such issues to the students. And that change must again come from within the system. As students we must work together to bring about changes in the curriculum. Such changes can occur, and we must be creative and take the initiative to improve medical education for ourselves and future classes.

The Debate Continues in Letters to the Editors

To the Editors:

I appreciated the articles by my classmates Pater Hudson, David Kleinman, David Muñoz and Steve Geraghty in last month's issue. I found them worth rereading and responding to.

Mr. Kleinman aptly described the importance of doctors being skilled in ethical decision making. As he and other authors have pointed out, it is at least as important as being technically skilled. However, there are some good reasons why it is not a larger part of our curriculum.

First, there just isn't time. Given four years to educate us, the school carefully weighs its use of that time and does its best to teach what it feels is essential to practicing good medicine. If core coursework in ethics were added, what would be deleted? The problem is not unlike deciding how to allocate limited health care resources.

Next, a thorough study of medical ethics necessarily encompasses subjects as diverse as history, philosophy, technology and law. Putting together a syllabus and finding competent teachers is problematic, although it is certainly within the resources of this institution were it deemed sufficiently important. What kind of course would result? Would it be qualitatively different from the pertinent parts of Health Issues? How strongly would the readings reflect the biases of the course director?

Finally, I agree with Mr. Hudson's statement that we must educate ourselves. School cannot teach a person to be moral, just as laws cannot make a people moral. Most physicians value their autonomy in decision making, and do not welcome the intrusion by government and institutions into their relationships with patients. However, autonomy begins at home. Each of us as individuals must learn to grapple with the questions and formulate our own personal ethics.

continued on following page...

The greater the autonomy, the greater the responsibility.

It may well be that our curriculum should be changed to better expose us to the ethical problems we will face, and we will certainly benefit from an ongoing dialogue both in the classroom and in print. But there is no substitute for private study, contemplation, and prayer. This should begin now, as we establish the patterns of thinking and decision making that we will use throughout our careers.

Steve Kator, MSII

To the Editors:

I welcome Steve Kator's interest in my article from the September issue of the Medical Examiner. However, it is attitudes such as these that we must overcome in our efforts to enact important changes in the core curriculum. The process of medical education is a dynamic one, and the program here should respond to developing needs within our chosen profession as it prepares to enter the 21st century.

Indeed, last spring, the medical school student council unanimously supported the idea and initiative for bringing a course in medical ethics to the curriculum of this medical school. Such study would not necessitate overwhelming reading assignments with problematic syllabi. Rather, small group settings, with an introduction to an ethical issue followed by interactive discussion, would serve well to help develop an individual's ethical awareness *before* he or she goes onto the wards to be involved with the decisions involving life and death. How can one say, "there just isn't time," when referring to a part of the profession "at least as important as being technically skilled." There is currently a void in this part of our education.

If the educational system were to simply relegate such an important part of our training to private study, it would not be doing its job. The whole process of learning entails self-education. In light of this, would it be acceptable for the institution to completely drop classroom requirements for other courses because the material can be learned on one's own? An ethical background is an invaluable asset to a physician today and will be so especially in the future. Ethical values, as pertaining to medical decision-making, need to be founded on a more broadbased body of knowledge than the potential whims of our own personal contemplation, or individual religious beliefs. A course in the first two years of medical school could provide an important beginning to the acquisition of such basic ethical principles. And contrary to what Steve wrote, such schooling in medical ethics is probably the only way physicians will be able to maintain their highly valued autonomy in society, for we, as future physicians, must demonstrate to the public our desire to learn about the humanistic side of medicine as well as the scientific.

Dave Kleinman, MSII

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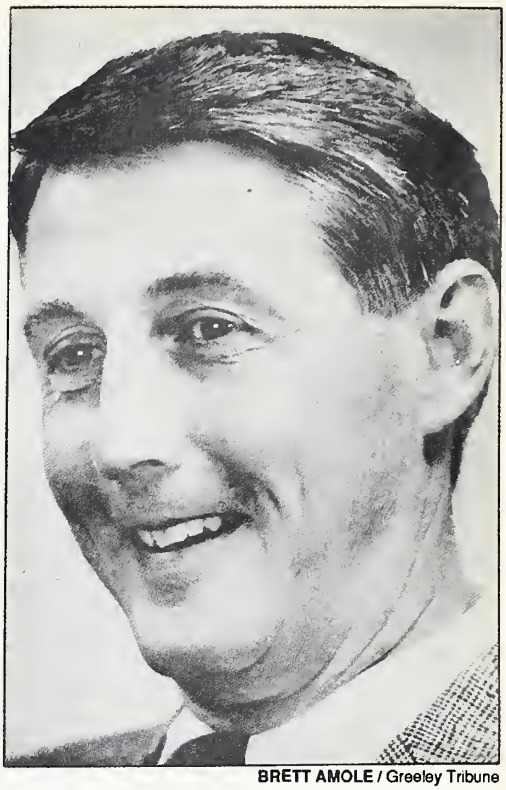
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BRETT AMOLE / Greeley Tribune

"...Does it make sense to spend $100,000 on one individual (for a heart transplant) or should we take that same $100,000 and put it over here in the area of prenatal care ... and end up affecting a much larger number of people?"

— Dr. Robert Hartley

*(The photos and article have been reprinted from the **SUNDAY FORUM** of the GREELEY (Colo.) TRIBUNE, October 8, 1989)*

Q&A

Rationing would stretch health care for poor

SKYROCKETING MEDICAL costs and tight government budgets have prompted discussion of Colorado going to a system of rationing medical services for the needy.

The general principle is to increase the number of people who qualify for basic preventive medicine and health care. To do this, funding for extemely expensive procedures such as transplants would be stopped. Having just completed his term as president of the Colorado Medical Society, Dr. Robert Hartley of Greeley is among those working on legislative proposals on how to reallocate medical assistance for the state's needy. Hartley is director of physician relations at the Children's Hospital in Denver.

Here are some excerpts from an interview with Hartley conducted recently by Editorial Page Editor Kevin Doll.

Question: What is your role in the study to ration health care?

Answer: I'm leading the effort since it is one of my pet projects, so to speak, from its inception. We (physician members of Colorado Medical Society) had originally started to look at the question of rationing and see if we could define a minimum benefit package. Answers became very elusive when the question was approached from that standpoint.

I think because of learning about what is happening in Oregon and about some of the other concerns with rationing, we began to shift more to the idea that follows, somewhat, the pattern that Oregon has established. Essentially, what the State of Oregon has done is to look at the whole area of health care, all of the different procedures that are done, and then try to provide some prioritization and ranking of these medical procedures.

Things, for example, that most of us would say are essentials for health care and that everybody ought to have (well-baby care, prenatal care, immunizations, routine preventive care for adults, etc., all of which are high-priority, cost-effective types of things,) are rated at the top. As you come down the list, you begin to formulate ideas on where you rate and rank varying procedures.

Where do you put transplants? Where do you put cosmetic surgery?

I believe we really haven't done much in looking at some of these broad subject areas, or about what are those basic assumptions that caregivers make in this country; and we haven't had a lot of general public discussion. We certainly don't have a straightforward state policy at this point that says what the public should have.

Take one small example: access to care. I think access to care is a major problem and concern in this country. We heard a lot about it in the last presidential campaign when candidates talked about the 37 million who are sort of left out there, in the lurch, without any health care protection. Most states have taken the position that at least we have an obligation, as a state, to provide some basic level of health care to all of our citizens.

It is interesting that in the enabling legislation in Colorado for the medically indigent, which is up for review in 1990, there is a statement which says that the state cannot afford to provide health care for all of its citizens and that health care is not a right in the state of Colorado. Colorado is the only state that makes that statement. So, I think that we need to look at some of these issues.

Do we believe in universal access? Do we think that everybody has the right to at least get in to some basic level of health care? Maybe not everything, but at least some basic level of health care. Is that a right? And then, how do we define it? What are our goals with health care in general?

Oregon, for example, has defined the health care and the reasons for health care as the lengthening life, and improving the quality of life. If you look at the question from that standpoint, and if you throw in universal access and so forth, you begin to then provide a framework for what you say we owe our citizens or "This is what we want to do in this state". I think some those issues are some of the things that we are looking at and are trying to, at least, become a catalyst for discussion. I don't think that these are issues anyone has talked a lot about.

Question: As medical costs go up, more and more people can't afford health care. What's causing the increases?

Answer: Well, that is difficult to separate, isn't it? If you look at what are called the "medically poor" in this country, about half of these people are on Medicaid. The other half aren't. Out of the half that are, way over fifty percent of those people are working.

The problem is that those people are probably working in service jobs, like fast-food restaurants, where they are getting minimum wage. It is difficult to live if you have a family of three or four, even if there are two of you working, at minimum wage. Most of those employers don't provide health insurance in their benefit package, because of the costs involved.

There is a problem from that standpoint on the one hand. On the other hand you have the rising costs of health care. I think those causes are multiple. You have standard inflation, which is affecting health care just as it does any other service. The United States has an on-going technology explosion in medicine, as we do in other areas, which says "Yes, I can give you more information; I can get it to you quicker, but it also is going to cost you more."

You also have the matter of medical malpractice because all of the cost of malpractice insurance gets passed on. As a practitioner malpractice insurance just becomes part of my overhead, and so I pass on that cost, both at the physician level as well as the hospital. As premiums have risen, etc., malpractice insurance ihas become a major factor.

Another factor which is closely related to the malpractice insurance is the whole area of what is called "defensive medicine" which means that I do certain procedures or tests because I am afraid not to do them.

Question: In 1988, a Wyoming teen-ager needed a heart transplant in order to survive, but her parents were unemployed and had no health insurance. The state's Medicaid regulations did not provide any money for such a transplant. When we talk about prioritizing and rationing, are we getting into a situation like this where we are looking at the individual and deciding should that person be funded or not?

Answer: I believe if you look at the concept which is now being talked about you must go back to what we said before about prioritization., in that you set up treatment priorities. You say, this treatment is the highest priority, this is a category 10, this is a 9, 8, 7, 6 ... in terms of where, not I as a physician, but where we as a society place our values and what we think has the highest priority for health care. That is prioritization.

"...greatest good for the greatest number..."

Rationing comes, then, when somebody makes a funding decision. For example, the state, when they fund Medicaid, can say we can fund 10, 9, 8, and we are going to stop. Or they can say we have extra funds and are going to pay down to priority five. This, then, puts sort of a rational basis to how you decide funding matters in health care. And again, it gets back to what are those basic assumptions.

If, for example, one of your assumptions is, in a broad sense, to do the greatest good for the greatest number, then you look at that one girl who might consume $100,000 to ger her heart transplant and say, "Does it make sense to spend $100,000 on one individual to do this? Or should we take that same $100,000 and put it over here in the area of prenatal care, etc., and provide prenatal care to a number of mothers who could not otherwise afford it." We thereby get healthier babies and we end up affecting a much larger number of people. This all gets back to what those assumptions are that you have made in the beginning about basic health care.

Question: So right now we ration free health care by determining who is or is not poor enough to receive it?

(Continued on page)

Answer: We don't like to think of it that way, but we aready have rationing today. How do we do that? The way you ration today is by access into the system. If you can get into the system, you receive basically all the system has to offer.

If you have health insurance, or if you're so poor that you're on Medicaid, you have access to the system and you then have, basically, access to anything that the system has to offer.

But if you are in that in-between group where you're not so poor that you have Medicaid but you don't have health insurance, you put off going to see the doctor. You make some of those personal decisions and you say, "Look, is it more important for me as a parent to go in and get my heart checked or my gall bladder operated on, or is it more important for me to put food on the table for my kids?" So you prioritize as a family and you decide you have to provide food and shelter for the kids, instead of providing yourself treatment or care. Then, you just hope that you don't get worse, or the kids don't get sick, etc.

So you see, we limit access to the system. As a society we ration health care by access.

Now, do we change that and ration by benefits instead? That is, we let everybody into the system at a basic level and provide that same level of benefits for everyone. In so doing, we give everybody access to the system; but once in, then each will have access only to what the system will provide.

As you look at any other country, they have made some of these same decisions.

Look at Great Britain today: If you are over 55 years of age and you have chronic kidney disease, you cannot start a dialysis program under the national medical program. If you have the funds to pay for it yourself, OK. But under socialized medicine in Britain, the system won't provide for the dialysis program.

Canada's socialized medicine program rations by a combination of access and benefits. They limit a little bit of both. They say everybody can get into the program, but then, the government limits benefits by rationing of access to technology. You can, however, access the system.

Question: How about your own view? How important is health care access?

Answer: I think access is the one area where Colorado really lacks. I think access is an exceedingly important aspect of the whole question of health care for Coloradans.

From my personal standpoint, I come down on the side that says "If I had my way (in an ideal situation), I would like to provide all the medical care possible to everybody. I would like to be able to provide all the health care that you need".

But I also realize that there is a limited amount of funds, both public and private. With that, there has to be some limitation on the care given. If we are going to limit, it seems to me that what we ought to do as a state is to say that we will provide, at least, a basic level of health care to every Coloradan.



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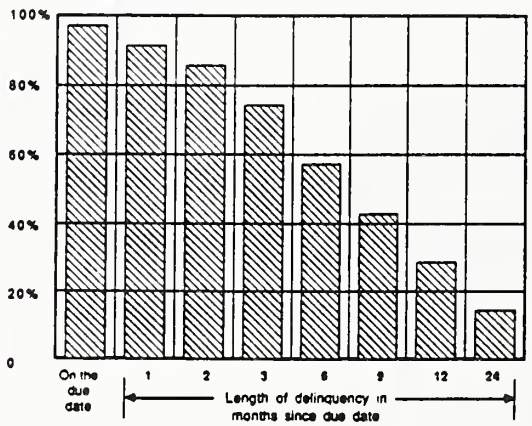
Recently, the U.S. Ninth Circuit Court of Appeals handed down a decision that may affect the collection of delinquent accounts by third party debt collectors.

In *Swanson versus Southern Oregon Credit Services, Inc.*, a debtor sued a collection agency for an alleged violation of the validation notice requirement of the Fair Debt Collection Practices Act. The validation notice requires that collection agencies include in their first notice to debtors a statement giving the debtor 30 days to dispute the validity of the debt. The Court ruled that Southern Oregon's use of language in its first notice threatening adverse consequences if the debt was not paid within 10 days, contradicted the validation notice and therefore violated the Act.

While the ruling does not materially change the manner in which I.C. System collects debts, some debtors are likely to take the position that the *Swanson* ruling prohibits collection activities within the 30 days following receipt of the first collection notice. They will try to use this as one more excuse to evade paying their debts.

This ruling again underscores the importance of pursuing delinquent debts promptly. The older the debt, the less likely that it can be collected and the more likely that debtors will look for excuses to stall or evade payment. The value of past due accounts declines rapidly with age, as this chart from the Commercial Law League of America shows.

Percentages of debts collected at time intervals



You can help us speed the collection of your debts by sending in your delinquent accounts in a timely manner. If you have been holding debts for several months, or putting off referring debts for collection to give the debtor "one more chance to pay," make it a point to send them to I.C. System at 60 or 90 days. This will give us a better chance to recover your delinquent accounts for you.

Our goal is to provide you with the most effective, professional and ethical debt collection services possible, while still meeting both the letter and the spirit of the laws regulating our industry. If you have any questions regarding this court ruling or about how you can speed the collection of your accounts, please call our Client Services Department, 1-800-328-9595. Thank you.

Sincerely,

John Erickson
President

Data Refutes Physician Perception that Poor Sue More

by ***Marsha Gould, Ph.D., Executive Director***
Colorado Children's Campaign
3801 Martin Luther King Blvd.
Clayton Campus
Denver, CO 80205

Public opinion is clear: every citizen should have access to basic health care. Thousands of low income Coloradans, however, find it difficult to see a doctor. Many physicians are reluctant to accept patients who are on Medicaid, or are uninsured, because of the perception that poor people sue more for medical malpractice.

National data refutes this belief. An article in the September 1989 issue of the *Journal of the American Medical Association,* summarizing research on the topic, states unequivocally, "Poor people do not account for disproportionate numbers of malpractice suits - in fact they are less likely to sue than are middle-class or privately insured patients".

Children's Campaign Examines COPIC Data on Lawsuits.

Data recently made available by the COPIC Insurance Company supports national findings. The proportion of lawsuits filed in Colorado by indigent patients and those on Medicaid does not exceed the proportion of such individuals in the overall population.
Two caveats must be considered in interpreting these findings. First, COPIC does not insure all Colorado doctors, but it does insure the vast majority (approximately 80%). Second, the data represents only half of COPIC's claims, those that had the insurance status of the claimant recorded. COPIC believes, however, based on the dollar amount of the claims, that this data does reflect a representative sample of all its claims. Four percent of COPIC's malpractice claims, overall, are for Medicaid patients. The Colorado Trust, in a 1988 study entitled *"Health Care In Colorado"*, documents that 6.35% of Colorado's population is on Medicaid.

It would seem evident, therefore, that this group does not sue more than its proportion in the general population. Likewise, COPIC identifies 13.6% of its malpractice claimants as having no health insurance at all. The Colorado Trust specifies that 24% of Coloradans were uninsured at some point during the year prior to its study. This data again indicates a group that sues less than its incidence in the general population.

Findings Show Low-Income Pregnant Women Don't Sue More

Medically indigent women and those on Medicaid in Colorado have difficulty obtaining obstetrical care because of physician concerns about malpractice costs and risks. If we look only at obstetrical cases, we see that Medicaid patients represent 5.5% of COPIC's obstetrical claims. Social Service data indicates that Medicaid paid for 6,000 births in 1987, 11.5% of the 52,803 live births that year. Obstetrical patients on Medicaid clearly represent a lower percentage of COPIC's obstetrical claims than their percentage of all births.

Although the percentage of obstetrical malpractice claims filed by Medicaid and uninsured women is lower than their percentage in the population, the average amount of their claims is higher than the claims of insured women. This is not surprising. Low-income women often delay prenatal care because of costs, and they may not be as healthy as more affluent women. Physician reluctance to see these women only compounds the problem.

Early and adequate prenatal care will reduce the risk to poor women and their infants and would positively affect the average cost of malpractice claims as well.

Physician Care to Poor Benefits Patients/Saves on Malpractice

Many remedies are necessary to increase access to health care for low income individuals. Affordable employer insurance, risk pools and increased Medicaid eligibility are some alternatives being studied. But one remedy is easily implemented: increased private physician involvement in the provision of care to the poor.

If concern that the poor sue more has caused physicians to withdraw from their tradition of service to the poor, they can be reassured by the COPIC data. Increased physician involvement, particularly with pregnant women who are medically indigent and Medicaid recipients, will not only contribute to the better health of Colorado's citizens, but will probably produce savings in malpractice claims as well.

CMS The Lobby

Tomas Balkany, MD, Chairman
Council on Legislation
with
Sue Ellen Quam, Director
Division of Government Relations
and
Lorraine Koehn, Lobbyist



The Colorado General Assembly is back in session January 10, 1990. In preparation, the Legislative Council of CMS met November 9 to review the work of the various study committees.

CMS is particularly interested in the bills presented by the Medically Indigent Committee, the Workmen's Compensation Committee, the Long-Term Health Care Committee, the Sunrise and Sunset Review Committee, and the Legislative Audit Committee.

The Council met on November 17 and reviewed the six pieces of proposed legislation from the Medically Indigent Committee. The next meeting is December 8 to review the work of the rest of the interim committees.

A brief review of the Medically Indigent bills follows. Please note especially the ***"Issues for Discussion"*** regarding each bill.

CONCERNING THE PROVISION OF HEALTH SERVICES TO THE MEDICALLY INDIGENT (OO92/1)

- Establishes a health services commission of fifteen members which is directed to develop a list of prioritized health services to be considered for funding under the bill.
- The commission will consist of five physicians, a public health nurse, a social service worker, four non-physicians with various health care expertise, and four consumers of health care without employment or financial interest in the health care industry. These members will be appointed by the Governor with the consent of the Senate.
- The commission must prepare a list of health services ranked by priority, from the most important to the least important based on benefit and cost to the population to be served. This list will be submitted to an independent actuary to project the annual cost of the prioritized services. An annual report will be developed containing the service list and actuarial data.
- This will be reviewed by various legislative committees and the Governor. The Joint Review Committee for the Medically Indigent and the Joint Budget Committee will make recommendations to the General Assembly about the appropriate level of funding of the list of health services.
- No health service on the list shall be provided unless the appropriation made by the General Assembly can cover the actuarially determined cost of that service and all services on the list with a higher priority. If the projected revenues cannot cover the approved prioritized list, health services will be reduced by eliminating services in the order of priority starting with the last and progressing toward the highest priority. The number of eligible persons and the payment rate will not be adjusted to accommodate declining state revenues. The services ranked at the lower end of the priority setting will be cut. The medically indigent program and the current Medicaid system will continue until the federal waivers necessary to implement the health care plan are obtained.
- An insurance pool governing board will be created to contract with private insurers to provide catastrophic health insurance policies to small businesses. It will be targeted primarily at companies which have not offered health insurance coverage to their employees in the past. A tax credit will be used as added incentive.

ISSUES FOR DISCUSSION:

How will the actuarial projected costs be formulated?

Will there be a floor for basic health coverage that must be provided even if the projected revenues continue to drop?

Can the community play more of a role in setting or endorsing the prioritization?

Will this remove incentives to increase the funding for the medically indigent population by being allowed to cut the services offered instead of allocating resources differently or by raising state taxes? Are we currently rationing care arbitrarily by running out of funds to help the poor in our current system? How does the priority setting actually work? Where do they draw the line as to who receives assistance?

CONCERNING THE MEDICALLY INDIGENT PROGRAM (BILL 0185/1)

- Extends the program for the medically indigent until 1996. - It increases services in geographically underserved regions in the state by adding licensed birth centers to the definition of "general provider".
- It changes the priority in benefits covered by designating primary care as the first priority, where appropriate, followed by emergency care.
- Separate programs for inpatient care and outpatient care are also established. The mandatory statutory percentages for kinds of care are eliminated, as well as the requirement imposed on the Health Sciences Center to establish patient per diem standards for comparable care. States that the intent of the general assembly is for the medically indigent program to be replaced in the event the general assembly adopts and authorizes a health services plan through proposed legislation during the 1990 session.
- Stipulates that the eligibility of medically indigent persons to receive

medical services exists only to the extent of available appropriations, as well as to the extent of the individual provider facility's physical, staff, and financial capabilities. This changes the previous language of medically indigent services being a right of the individual.

ISSUES FOR DISCUSSION:

Should there be concern about the language that medically indigent persons shall have access to (paid) care up to the appropriation available?

The appropriation has been lower than the actual need and most doctors provide this care without being able to bill for it.

CONCERNING THE CREATION OF AN AMBULATORY HEALTH CARE PROGRAM FOR LOW-INCOME CHILDREN, AND MAKING AN APPROPRIATION THEREFOR (BILL 0184/1)

- Provides ambulatory insurance coverage through a managed health care system for low-income children without health care insurance who are less than nine years of age, who have gross family incomes that are equal to or less than one hundred fifty percent of the federal poverty level, and who are not otherwise insured for covered services.
- Requires an annual enrollment fee of twenty-five dollars, not to exceed one hundred fifty dollars per family, for each eligible person using children's health services. The state contribution shall be thirteen dollars per month or one hundred fifty-six dollars per year for enrollment of each eligible person.
- Requires the administrative unit of the University of Colorado Health Sciences Center to administer the program.
- Authorizes the administrator of the program to contract with health care providers through requests for proposals.
- Creates the children's health policy board to oversee the program administration. They will also review and select contractors who provide managed health care services under this article. - Authorizes the administrator to divide the state into geographic regions for implementation of the program.
- Authorizes the administrator to seek both private and public funding for operation of the program.

ISSUES FOR DISCUSSION:

Should the bill mandate an equitable distribution of funds?

CONCERNING A PILOT PROGRAM FOR COST REDUCTIONS IN THE MEDICALLY INDIGENT PROGRAM, AND MAKING AN APPROPRIATION THEREFOR (BILL 0138/2)

- Establishes a pilot program of demonstration projects for health care services for the medically indigent in selected geographical areas of the state.
- Mandates that the program shall operate for a period of three years. The appropriation will be for at least $500,000 each year with no reduction in the current level of appropriations for the medically indigent program. Designates the Health Sciences Center to administer the program through the current medically indigent program.
- Authorizes the Health Sciences Center to utilize a system of enrollment, including but not limited to a capitated managed health care system.
- States that eligibility requirements for enrollees under the pilot program shall be the same as the eligibility requirements under the medically indigent program. Authorizes the Health Sciences Center to negotiate and contract with public and private entities for implementation of the pilot program.
- Requires the technical advisory committee on the medically indigent to assist the Health Sciences Center in selection of a project site and in preparation of the annual report.

ISSUES FOR DISCUSSION:

Should the technical advisory committee on the medically indigent be the ones to evaluate the proposals when the Health Sciences Center will also be allowed to submit a proposal as well?

Should the evaluation criteria be outlined? If so, how should it be done?

What will be the enticement for people to participate in this co-pay program?

Should the technical advisory committee on the medically indigent prepare the annual report if a different group gets to evaluate and select the pilot project provider?

CONCERNING UNCOMPENSATED HEALTH CARE, AND MAKING AN APPROPRIATION THEREFOR. (BILL 0053/1)

- Requires regulated health care professionals in active practice to provide a certain number of hours of uncompensated care annually to medically indigent persons and medicaid eligible persons as a condition of maintaining their license.
- Requires pharmaceutical companies and medical services supply companies to donate to medically indigent persons and medicaid eligible persons an amount of prescription drugs, supplies and equipment equal to a certain percentage of the gross income attributable to retail sales in Colorado.
- Requires hospitals and nursing homes to provide free days of care to medically indigent persons and medicaid eligible persons.
- Authorizes the Department of Social Services to develop a tracking system based on vouchers.
- Allows regulated health care professionals to opt out by paying $3,000 annually.
- Imposes a community work requirement after a person has exceeded a certain number of visits to an alcohol and drug treatment facility. - Provides a state tax deduction of five thousand dollars for those regulated health care professionals who have complied with the uncompensated care requirements.

ISSUES FOR DISCUSSION:

Representative Pankey has agreed to change the slant of the bill from mandatory participation based on licensure penalties to a voluntary program based on tax incentives. The details have not been worked out but he would like CMS to help him with the rewrite.

It might be possible to track the services provided by using the Medicaid management information system instead of devising a voucher system.

The January, 1990, issue of **Colorado Medicine** will carry a complete update of the remaining proposed legislation which will be closely monitored by the CMS Legislative Council and the Government Affairs Division.

Disposal of Infectious Waste

Yes, Your Office is a Generator Here are the Regulations

The Colorado Board of Health has scheduled a public hearing in February 1990 to consider proposed regulations concerning disposal of infectious waste.

The CMS Council on Legislation will be soliciting comments from appropriate councils and committees prior to submitting comments regarding the proposed regulations.

The following information is provided to assist you in making decisions concerning infectious waste disposal prior to the time formal regulations are adopted.

HB 1328, Disposal of Infectious Waste, refers to the Environmental Protection Agency (EPA) guidelines in determining what is infectious waste. The guidelines list the categories of such waste as follows:

Isolation Waste: Centers for Disease Control (CDC) has published guidelines for hospitals with regard to isolation waste.

Cultures and stocks of infectious agents and associated biologicals: (1) specimens from medical and pathology laboratories; (2) cultures and stocks of infectious agents from clinical, research, and industrial laboratories; (3) disposable culture dishes, and devices used to transfer, inoculate and mix cultures; (4) wastes from production of biologicals, and (5) discarded live and attenuated vaccines.

Human blood and blood products: waste blood, serum, plasma, and blood products.

Pathological waste: tissues, organs, body parts, blood, and body fluids removed during surgery, autopsy, and biopsy.

Contaminated sharps: contaminated hypodermic needles, syringes, scalpel blades, pasteur pipettes, and broken glass.

Contaminated animal carcasses, body parts, and bedding of animals that were intentionally exposed to pathogens.

These materials are examples of wastes covered by each category. The categories are not limited to these materials.

Colorado statutes mandate that each generator of infectious waste develop and implement an on-site infectious waste management plan which shall include:

(1) The designation of infectious waste generated by the facility; (2) The handling of infectious waste which includes segregation, identification, packaging, storage, transportation, treatment techniques for each waste type, if applicable, and disposal; (3) Contingency planning for spills or loss of containment; (4) Staff training and the designation of a person responsible for implementation of the management plan; (5) If on-site treatment is not available, the management plan shall provide for appropriate off-site treatment or disposal.

Any infectious waste which has been appropriately treated at the site of generation by the generator so as to render it noninfectious shall thereafter be deemed infectious. The EPA recommends incineration or steam sterilization for all types of waste except for contaminated *(Continued)*

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How Physicians Can Avoid Problems With The PRO

from Sharon Ponder, Director
Division of Physician Education and Special Programs

Physicians who treat Medicare patients should know as much as possible about the PRO, its review process, and the rights of due process with the system. (Additional information on the process is available from the CMS or the Colorado Foundation for Medical Care.)

Many potential problems with the PRO can be avoided by better documentation in the medical record. In preparing the record, the physician should assume that it may be reviewed by someone who has no prior knowledge of the case or the patient's history. An understanding of the Hospital Inpatient Generic Quality Screens provides the physician with the guides a reviewer uses in examining the medical record. Below are some documentation tips that should help.

On Admission: Include in the history:

- reason for admitting now versus outpatient observation or home care. Include here any geographic and psychosocial factors.
- discussion of how outpatient therapy has failed.
- reasons why the problems were not resolved during previous recent admissions for the same diagnosis.

Include in the physical:

- vital signs.
- assessment of distress, acuteness and severity of the illness.
- a description of the patient's frailty, dependency, or dementia.

Discuss in general terms your plan for the admission, noting reasons for any limited treatment plan.

In the Progress Notes: Account for any unexpected or abnormal laboratory and x-ray findings and untoward events of contradictory allied health observations. If, for example, an abnormal lab value is typical of that particular patient, then this should be noted in the chart.

Explain your thinking behind major changes in diagnostic efforts and therapy.

Upon Discharge: Designate the primary diagnosis that explains the admission and other problems that required attention. Give your reasoning.

Discuss abnormal lab, x-ray and nursing observations. Note any test not reported at the time of the summary. In the disposition section, describe:

- support and care giver arrangements.
- the level of functioning.
- special programs: e.g., AMA discharge, poor cooperation, unstable conditions.
- details of diet, medication, activity and education efforts.
- follow-up visit plan.

RESPONDING TO THE PRO

All correspondence or notices of potential problems received from the PRO should be taken very seriously. Until relatively recently, PRO activities generally focused on utilization review problems, such as the appropriateness of admission and length of stay. Many physicians came to look upon PRO as a "hospital problem." The federal mandate to monitor quality of care provided by both physicians and hospitals has opened a new, much more threatening can of worms. It is now imperative that physicians look upon these notices and requests for information in a more serious light and respond in an appropriate manner.

If a physician fails to respond to the request for more information, the PRO will issue a final determination in the case with the options of resolving the issue or making a "confirmed" determination. It is to the physician's distinct advantage to answer the notices.

After a chart has been referred to a PRO physician reviewer, and he or she determines that there is evidence of a potential problem, a "Notice of Potential Denial" (a utilization issue)

continued on following page...

INFECTIOUS WASTE ***(Continued)***

equipment which you may also treat with gas/vapor sterilization.

The plan with the appropriate documentation shall be available for inspection to the hauler of any waste. The Colorado Department of Health estimates the costs of commercial treatment to vary between $.30 and $.50 per pound. Generators of infectious waste may contact the Health Department (331-4830) to determine the credibility of waste management companies operating in the State of Colorado.

Your Government Relations staff is interested in knowing how physicians are presently disposing of infectious waste and the costs incurred with this disposal. The information which is received will be the basis for any comments we may provide at the public hearing on the subject. Please contact Sandra Cloon at 779-5455 or 1-800-654-5653. Staff will not identify physicians by name in any testimony which is submitted by CMS, but we do need to know of any problems associated with disposal of the waste in your community.

or "Notice of Physician Potential Quality Problem" (a quality concern) is sent to the physician under investigation. These notices should be fairly specific about what the particular potential problem is. (If this is not clear or specific, the physician should contact the PRO and ask for clarification.)

CORRESPONDING WITH THE PRO

The physician is given the opportunity to provide additional information either in writing or by telephone which could clarify or possibly resolve the situation. In most cases, a response in writing is preferable, but be sure to meet all of the deadlines that are stated. Keep this information in a file separate from the patient's medical records so that they are not inadvertently disclosed if the medical record must be produced in response to a subpoena. Include any additional information that may support your position. This may include commentary on the individual patient's condition; additional records, perhaps from office visits; a hospital review committee's opinion on the case; a review from a peer who has examined the record; medical literature that supports your actions; standards or guidelines issued by a particular specialty society; etc.

Correspondence with the PRO should be considered as a potentially prelitigation statement. Thus, it is important that the physician respond appropriately: be professional, present factual information, avoid argumentative remarks or criticism of care provided by others. Avoid tirades against the PRO program itself; reserve these for communications with your Congressional delegation if you wish to address the law itself.

MEETING WITH THE PRO

You may also elect to have a face-to-face meeting with PRO representatives to resolve your case. This may be especially important in discussing quality issues. You may retain legal counsel, and this is especially appropriate in more serious cases involving severe injury or death of a patient. You have the right to have your attorney and/or other witnesses appear with you at these meetings.

In presenting your argument:

A persuasive defense should be prepared in advance. This should be based on knowledge of the case or cases under discussion, medical facts, medical literature, and presentation of expert witnesses if this is warranted. The physician must be very familiar with the medical records in the case, including progress and nursing notes and consultant reports. On the basis of this record, he or she must be able to explain the reasons for actions or omissions.

The case should be organized for logical presentation. In this situation, a bound document can be helpful to lead the PRO representatives through the presentation. This document may include: the medical records under review; letters and evaluations from experts; copies of pertinent medical literature; a CV of the physician and any expert; letters of reference from physician colleagues on the physician's willingness and ability to practice medicine.

The physician must be prepared to answer questions relating to the disease process itself in general, not just the care rendered to particular patients.

For more details contact CMS Division of Physician Education and Special Programs at 779-5455 or 1-800-654-5653, extension 406.

Practice Management Bulletin! Release of Patient Records

CMS has learned that private utilization review firms operating in other states are requesting that doctor's office notes be forwarded with the patient records for purposes of utilization review. CMS members are advised that Colorado statutes (C.R.S. 25-1-802 (3) expressly state that "patient record does not include a doctor's office notes."

NEXT MONTH!

The January issue of **Colorado Medicine** will feature several articles on this subject. Keeping accurate records is a vital part of medical practice and when, how or why to release them must be fully understood by the modern physician and the modern physician's office staff.

LOOK FOR—

Letter to the Editor
A local legal aid attorney speaks out for the release of medical records.

Medical Record Release
Whose property are medical records?
When is it proper to release them?
When am I forbidden to release them?

Record Release Guidelines
From COPIC and CMS

Component Sketchbook on CMS leadership

by Michael P. Thompson
Assistant Managing Editor

Otero County Medical Society President Rudolph A. Hofmann

Otero County Medical Society's territory includes parts of Otero, Crowley and Bent counties in southeastern Colorado. It's not a thriving metropolitan area, but that doesn't lessen the need for medical services there. There are at least fifteen cities large enough to make it onto a medium sized state map, including towns the size of La Junta, Las Animas and Rocky Ford. In addition, the physicians in those small towns serve a large rural population in this mainly agricultural area.

The fairly large number of small towns in the area makes the politics of the Otero County Medical Society somewhat interesting, says Rudolf A. Hofmann, MD, the current president. Each physician is almost in competition with the others for patients, services, etc. In addition, there are disparities between the level of medical services the towns can support. "We've had two hospitals close, one in Rocky Ford and one in Las Animas." says Dr. Hofmann. A quick glance at a map shows that those two cities are basically on opposite ends of the population area. That's a pretty severe blow to patients who live in either of the areas supported by those hospitals since they will now have to travel a long way to get hospital services.

Rural health care is one of the major concerns of the Otero County Medical Society's 20 or so active members. Dr. Hofmann says they have been able to meet with local officials to advocate good rural health policies. Buttonholing a representative is much easier here than in the big city, since you usually see them on Main Street or can drop by the house for a cup of coffee and a little neighborly lobbying. "We try to get the attention of the local politicians."

Being a rural area has its drawbacks as well, Dr. Hofmann points out, "We have only two doctors who do O.B. ...It's a very thin layer." He wonders what would happen if one of them were to move or get sick. Who would deliver the babies? In addition, "DRG's [at the local hospital] are sometimes 20% less than what they are in Pueblo, even though we are a regional medical center." He admits that they don't rank up there with major Denver area hospitals, but Pueblo isn't that much larger or better. In addition, economic or other factors have combined to cause a high number of non-paying and Medicaid patients, lowering their reimbursement level even further.

Like most rural physicians though, they take good care of those patients. Much of the real work of the Otero County Medical Society is done individually, without much fanfare or even organization. Rather than creating a "program" to meet the needs of these patients, the physicians just quietly ignore the unpaid bills, subsidize the lab tests and watch out for their patients, knowing that someone was helped by their generosity. Says Dr. Hofmann, "When [State] Representative [Phil] Pankey said 'give 40 hours per year to indigent care', we laughed. We do that in a month."

Watching out for their patients isn't the answer to every problem though. Dr. Hofmann maintains that they are not treated professionally by the Colorado Foundation for Medical Care, for one thing. And they put a lot of effort into effective representation at the state and national levels, sending representatives, participating on committees, even writing resolutions from time to time. "We've got our ears open to what CMS and AMA do. We send our people to the meetings. We participate in the process." he says. In addition to their delegation to the annual meeting held recently in Vail, they have also profited by visits from CMS President Dr. John Farrington and COPIC CEO Dr. Mason Howard, he says.

If it sounds like Dr. Hofmann likes his life in Otero County, it must be noted that the natives apparently feel the same way about him. When he came to La Junta in 1979, the *Tribune-Democrat* heralded the announcement with a two column headline. Also of note was the fact that his wife was an obstetrician-gynecologist, "a first for the La Junta hospital," according to administrator Lewis Leaman.

CMS has helped Otero County, contends Dr. Hoffman, but the job is not over yet. He cites tort reform legislation passed in 1988 as one example. "I don't think the malpractice problem is solved." We've made some progress and things are better than they were before, but some basic reforms are still needed. Even with caps on damage awards "If I pay $50,000 to prove my innocence, that's not justice." These are some areas where he sees the need for additional work.

Rudolf A. Hofmann was awarded the Doctorate of Medicine by Albert Ludwig University in Germany. He followed this with an internship and residency in Dayton Ohio and came to Colorado in 1980. He specializes in Orthopaedic Surgery and has been a member of the Colorado Medical Society for 11 years.

Letter to the Editor: Did We Forget Something?

Editor:

The Grand Opening of the Hall of Life Exhibits (Phase 1) at the Denver Museum of Natural History was an elegant affair. The exhibit is truly a magnificent approach to help education. It is an example of how our profession, working with the business community, can bring about something that is educational and extremely beneficial to all members of our Society.

While the honored guests were worthy, namely (Denver District Attorney) Norm Early and (Colorado Department of Health Director) Dr. Tom Vernon, I was saddened that we, as a medical society, did not give recognition to Dr. Leo Nolan. Dr. Nolan is the creator and the driving force of the Hall of Life. He, alone, developed the concept and has continued to be its most creative contributor. Dr. Nolan deserves recognition for his accomplishment.

I urge all of you to visit the Hall of Life to see what Leo has created.

Sincerely,

Harvey M. Cohen, M.D.
Denver

You're right. Let's hope at least the history books record the facts and that somewhere Dr. Nolan receives proper credit for his vision and commitment. It is sad but true that we so often get caught up in the making of history that we lose sight of the historical aspects of our endeavor. There were also others who need mention: Mary Baca and Jack Vance of Colorado Blue Cross/ Blue Shield, Ed Baran, Capitol Life Insurance Company, Sheldon Peterson KMGH-TV Time/Life Broadcasting. There were many others whom I won't forget and whose names (I hope) will be chronicled with Leo Nolan, M.D.
Bill Pierson, Editor,
Colorado Medicine
Member, Board of Trustees,
Hall of Life Health Education Center

El Paso County Medical Society Auxiliary Hosts New Year's Eve Gala Benefit

"FLASH CADILLAC" at the Broadmoor!

Sandy Brightwell, Chairman
Benefit Gala Committee

The El Paso County Medical Society would like to invite you to their fourth New Year's Eve Gala Benefit for the Ronald McDonald House of Southern Colorado and the Lillian B. Morrison Scholarship Fund.

This black-tie event will be in the Main Dining Room of the Broadmoor Hotel. There will be a 7 p.m. cocktail hour, followed by a delicious prime rib dinner, champagne and midnight festivities. . .and, best of all, ***FLASH CADILLAC*** will provide swinging 50s and 60s music! The Auxiliary acknowledges Mr. Terry Robinson of Unistar Communications Group for his patron sponsorship and influence in securing ***FLASH CADILLAC*** for this Gala event. Cost will be $175 per couple, 50% tax deductible.

The Broadmoor Hotel is offering a $99 holiday rate for out of town guests and will reserve 15 rooms through December 18th; room reservations after that date will depend upon availability. Please contact the hotel directly; be sure to specify "$99 rate for the Medical Auxiliary Gala".

For Gala reservations, please contact Mrs. Philip Schmidt at (719) 594-0717 or Mrs. Brian Grabert at (719) 574-7280. We hope you join us for a night to remember!



*Ready for the New Year's Eve Black-tie Benefit Gala are (with balloons) Sandy Brightwell, chairman of the El Paso County Medical Society Gala Committee, her husband (in driver's seat) Dr. Nate Brightwell, and (waving top-hat) Dr. Clyde Williams and his wife, Susan, President of El Paso Co. Medical Society Auxiliary. Helping to promote the performance of the band, **FLASH CADILLAC,** the Red Noland Cadillac agency of Colorado Springs provided the 1989 Allante. This year marks the fourth New Year's Eve Benefit Gala at the Broadmoor, and the second featuring the nationally-known band.*



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It is unlikely that any claim will threaten your insurance limit of liability ($1 million for 80% of you, $2 million for the rest), but it should be pointed out to each of you that your COPIC policy provides the full limit of liability for indemnity payments and in addition pays all the costs of claim defense "outside the limits". As an example, a claim successfully prosecuted against you which produces a policy limit payment to the injured patient AND costs in the $100,000 range would be fully covered by your professional liability policy, which indemnifies the plaintiff and pays all the costs of defense.

If you have questions regarding your coverage, limits of liability or other aspects of professional liability insurance, contact the COPIC Policy Holder Services Department, 779-0044 or WATS 1-800-421-1834.

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Update on the Colorado Health Data Commission

Report on Small Area Analysis is Released

What Is Appropriate Hospital Care?

The Colorado Health Data Commission report on Small Area Analysis, done in conjunction with Codman Research Group, is due to be released on November 28. The report reviews **variations in inpatient hospital admissions for a variety of medical conditions across hospital market areas** (HMAs). The medical community may be interested in this report on two levels. First, the media is likely to ask many providers for an initial response to the report at the time of its release. Second, as the report potentially represents the beginning of a process for review of variations in practice patterns, the medical community may be interested in reviewing the content of this report in detail.

With regard to the first issue, the Colorado Medical Society Task Force on the Data Commission has had lengthy discussion on the potential use, strengths and weaknesses of the proposed Small Area Analysis report. The report is an overall summary based on distribution of hospital discharges. It does not take into account potential reasons for variations between HMAs. Such easily explainable reasons may include issues related to geographic access to services, other demographics of the population within the HMAs, severity of illness, designation of a particular hospital as a referral institution, available support services within the HMA, etc.

The commentary within the report mentions that "consistent patterns of variations (as found in other regions of the world) reflect the level of uncertainty about the results of a medical decision. ...controversy over appropriate treatment or ambiguous diagnostic indications characterize medical conditions with variable hospital admission rates. Medical conditions characterized by similar hospitalization rates ... tend to be those which are clearly defined or which physicians agree with respect to treatment."

"the media is likely to ask many providers for an initial response to the report at the time of its release"

The commentary goes on to say that while statistical adjustments have been made to minimize the variations due to age and gender, several other factors such as demographic characteristics, health status of residents, financial and geographic access, and availability of physicians, specialists, and hospital beds, may or may not account for the variations.

It is important that the report be recognized as a potential educational tool. The data within the report may be used to begin the process of exploring variations in utilization rates across the state. The data is certainly not conclusive evidence of variations nor any assumptions that may be based on such variations, but rather can be used to begin to look at the broad issues of practice patterns and utilization rates.

To this end, the Colorado Medical Society will be bringing together representatives of the hospital medical staffs, medical component and specialty societies, to begin the process of reviewing the Small Area Analysis report. It is our thought that if we can start discussions at the statewide level, about identified variations in utilization rates and their potential causes, it may facilitate further discussions at the local level.

The Data Commission continues to pursue other areas of work. Rule 87-3: Concerning the Measurement and Reporting of Hospital Inpatient Uniform Clinical Data for Reporting of Severity Adjusted Medical Outcome Rates, has just been passed. An RFP for a system vendor is in the process of development. While most of the Commission's previous discussions have indicated great interest in MEDISGROUPS, the Commission is not taking a sole source approach to the RFP. Rule 87-3 calls for all hospitals with one hundred or more licensed beds to begin collecting and submitting inpatient data as of July 1, 1990. However, due to delays with the RFP, it appears that this date may be delayed. Please talk with your hospitals about their thoughts with regard to this project.

Yoder re-elected Vice Chairman of CRR

Franklin D. Yoder, MD was re-elected to his post as Vice Chairman of the Committee for Review and Recognition of the Accreditation Council for Continuing Medical Education at their recent meeting in Chicago. Dr. Yoder has served on the Committee for the past five years and has a year remaining on his current three year term.

"The CRR approves the application of one agency in each state and territory to be responsible for sponsors (intrastate) hospitals, medical specialty societies and clinics who wish to give approved programs for CME and be responsible for the quality of each presentation." says Dr. Yoder. The CRR Committee is composed of seven members geographically distributed to cover the U. S.



Franklin D. Yoder received his Doctorate of Medicine from the Northwest University Medical Center in Illinois in 1939, and served his internship and residency at Chicago Mercy Hospital. He has been a member of CMS since 1973 and currently specializes in General Preventive Medicine at Weld County General Hospital. He was honored for the achievement of fifty years in medical practice at the recent Annual Meeting of the CMS. He resides in Greeley with his wife Catherine, who is past Vice President of the CMS Auxiliary, Parliamentarian of the Weld County Medical Society Auxiliary and 1989-90 President of the CMSA.

BABY YOUR BABY

"The Governor's Task Force on prenatal labor and delivery care in Colorado found that early and appropriate prenatal care is of such importance to the health of the newborn and that potential costs are so high if such care is not provided, that Colorado should ensure that all pregnant women in Colorado receive early and appropriate prenatal care." (*Prenatal, Labor and Delivery Care in Colorado: Status Report*, Office of Health Care Prevention of the Colorado Department of Health, and Research Division of the Department of Family Medicine, University of Colorado Health Sciences Center; *Recommendations*, The Governor's Task Force on Prenatal, Labor and Delivery Care, 1982.)

One of the task force recommendations suggested the development of a multimedia education program emphasizing the value of prenatal care. BABY YOUR BABY, a collaborative venture between KMGH Channel 7, the Colorado Department of Health, the Department of Social Services, the Colorado Trust, Colorado Children's Campaign, Denver

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COLORADO MEDICINE

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William S. Pierson, Managing Editor
Michael P. Thompson, Assistant Managing Editor

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CMS CALENDAR
DECEMBER

12/6	Worker's Compensation Advisory Committee	7:30 pm
12/7	Women in Medicine Governing Council	6:30 pm
12/8	Council on Medical Service	6:30 pm
12/12	Small Area Analysis Forum	4:0pm
12/13	ETHICS AND THE ECONOMY	11:45 am
	Radisson Hotel Southeast	
12/19	Corporate Health Task Force	7:30 am
12/21	Physician/Patient Advisory Council	2:00 pm
	Executive Committee	4:00 pm

(NOTE: The Council on Legislation will begin its regular meetings January 12, 1990 at 4:00 pm and will continue to meet weekly throughout the legislative session. If you have interest in any legislation or wish to help influence the process, please contact the Division of Government Relations at (303) 779-5455 or 1-800-654-5653, extension 410 for more details and meeting times.)

Health and Hospitals, and the University of Colorado Health Sciences Center is designed to bring about a significant increase in prenatal care for pregnant women in Colorado. The BABY YOUR BABY campaign is a two year project which begins January 15, 1990 and will be carried out through various media including broadcast television and radio, print advertising, outdoor posters, print support materials and exhibits.

Modeled after a similar project in Utah, the goals of the campaign are to increase the percentage of women who receive early and adequate prenatal care, and to decrease the percentage of low birth-weight babies. The promotional materials and effort are of such quality that by the end of the first year of Utah's project, the number of women seeking prenatal care services had nearly doubled.

Any successful program having a positive impact on the health of babies and their mothers, as well as decreasing some of the extraordinary medical costs associated with high-risk pregnancies is exciting. However, there are many questions yet to be answered, not the least of which concerns the capacity of Colorado to absorb such an increase in demand for prenatal services. Two working subcommittees, 1) Data and Evaluation, and 2) Capacity will be working to address these issues. The Colorado Medical Society will be participating with these committees to address questions and concerns and will keep CMS members apprised of developments.

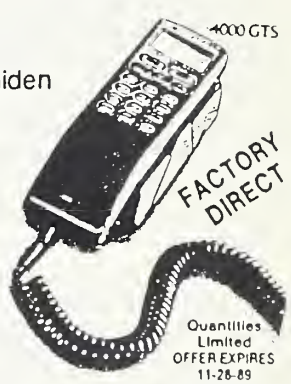
For further information, please contact Lindy Nelson, campaign chairwoman, at the Colorado Department of Health, (303)331-8346.

Deficiencies Found in X-Ray Machines

As a result of the first year compliance results, the Colorado Department of Health has intensified its efforts to insure that x-ray machines meet State standards. A variety of deficiencies were discovered in approximately 600 of the 1,500 machines inspected from July 1988 through June 1989 in the offices of physicians, osteopaths, chiropractors, and in hospitals, according to David Gourdin, senior health physicist of the X-Ray program.

Radiation from x-ray machines is the largest source of man made radiation exposure to the public. An estimated seven out of ten Americans get some kind of x-ray each year, and federal Food and Drug Administration studies show that the amount of radiation from a chest x-ray can vary by more than 100 times.

Inspection and certification of x-ray equipment is performed by qualified inspectors using nationally accepted criteria. Qualified machines will display a certification sticker. (See **Colorado Medicine** of October 1, 1988 for more details.) For more information, you may contact Mr. Gourdin at (303) 331-8665.

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News From All Over

Heart Mother of the Year
Nominations for the 1990 Heart Mother of the Year must be in by December 15, 1989. Nominate a mother who has suffered a debilitating cardiovascular disease, is a resident of Colorado and has become an active contributor to her home and community since recovery. Send to: American Heart Association of Colorado, Inc., 1280 S. Parker Rd, Denver, CO 80231.

"Love Lights a Tree"
Adams County Unit of the American Cancer Society will sponsor "Love Lights a Tree" to provide funds for cancer research. Donations "purchase" a light on the holiday tree at Humana Hospital-Mountain View. Phone (303) 758-2030 for details.

50th Year Fighting Cancer
Penrose Cancer Hospital marked its 50th Anniversary with a tribute to radiotherapy pioneer Dr. Juan del Regato and a conference on the evolving treatment of cancer at the Broadmoor Hotel. Call (719) 473-0704 for more background on this historic hospital.

New Director at Webb Waring
John E. Repine, MD has been named executive director of the Webb-Waring Lung Institute at the University of Colorado Health Sciences Center in Denver. Dr. Repine is a renowned pulmonary scientist and teacher. Contact the Institute at (303) 270-8231 for more details.

Prenatal Monitoring Services Available in Denver
Healthdyne Perinatal Services announces the opening of a Denver center to provide obstetrical home care services for women at risk for preterm delivery. Maureen Fleming, RN will manage the center, Karen Snyder is the senior perinatal Nurse. Both are highly qualified. The center will be located at 1873 Bellaire St.

Heart Association Research Grant
A total of 16 projects will be funded in Colorado through grants awarded by the American Heart Association. The grants total over $500,000 and will cover many topics in heart disease research. Contact the American Heart Association of Colorado for more information: 369-5433.

MGMA Plans New Denver Headquarters
The Medical Group Management Association will purchase an existing building in the Inverness Business Park south of Denver for occupancy in late 1990, according to MGMA Executive Director Richard V. Grant, Ph.D. The announcement was made at the group's 63rd Annual Conference in Las Vegas.

Included in the move up will be a new mainframe computer, augmented by PC's and other efforts to enhance communication with the organization's nearly 10,000 members. "These developments are signs of strength, stability and progress for our organization and for group practice," said Dr. Grant.

Colorado Ranks High in AMPAC Membership

Colorado ranked seventh in a survey of American Medical Political Action Committee (AMPAC) membership, according to Randolph D. Smoak, MD, AMPAC Chairman. Dr. Smoak released the results of tabulation of the 1989 year-to-date membership goals which showed Colorado among only 11 states nationwide who have met their goal already.

AMPAC used a different system in setting membership goals this year, aiming for a 26.9% share of AMA members in each state. This market share was figured on 1988 year end AMA membership figures.

Texas achieved the best market share with 182% of the goal. Wyoming was the only other western state exceeding the goal with 139%. Colorado showed 110% of the 1989 goal met. There were 678 AMPAC members in Colorado at the time of the report, out of 2,299 AMA members.

Colorado Medical Society supports AMPAC through such activities as the recent seminar on Constituent Skills, held in conjunction with the Annual Meeting in Vail. Participants learned how to more effectively influence the political process, locally, at the state level, and nationally. For more information on AMPAC (and its Colorado counterpart, COMPAC) contact the CMS Government Affairs Division at (303) 779-5455 or 1-800-654-5653.

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